

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90040 039 ****61.25

DOCUMENT # N99000001173

1. Entity Name

SHAMMAH OF GOD WORSHIP CENTER, INC.

Principal Place of Business

**1446 25TH ST. SW
 VERO BEACH FL 32962**

Mailing Address

**1446 25TH ST. SW
 VERO BEACH FL 32962**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0896659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEARCE, VOLTAIRE G SR.
 1446 25TH ST. SW
 VERO BEACH FL 32962**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD PEARCE, VOLTAIRE G SR**
 STREET ADDRESS **1446 25TH ST. SW**
 CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ Change ☒ Addition
 NAME **D JEWEL SMITH**
 STREET ADDRESS **1396 24th St SW**
 CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE ☐ Delete
 NAME **D PIERCE, JOSEPH J SR**
 STREET ADDRESS **607 CARVER DR**
 CITY-ST-ZIP **LAKE WELLS FL 33853**

TITLE ☒ Change ☐ Addition
 NAME **D Joseph J. Pierce Sr**
 STREET ADDRESS **607 CARVER DR**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☐ Delete
 NAME **TD SWEET, MAGDALENE**
 STREET ADDRESS **1471 SANDUSKY ST SE**
 CITY-ST-ZIP **PALM BAT FL 32909**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D GORDON, BLONDELL**
 STREET ADDRESS **1371 NOKEN ST NE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☒ Change ☐ Addition
 NAME **D Blondell Gordon**
 STREET ADDRESS **1371 NOKEN ST NE**
 CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE ☐ Delete
 NAME **VD PEERCE JR, JIM**
 STREET ADDRESS **719 KIRK AVE P.O. BOX 575**
 CITY-ST-ZIP **BROWNSVILLE OR 97327**

TITLE ☒ Change ☐ Addition
 NAME **VD JIM PEARCE**
 STREET ADDRESS **719 KIRK AVE PO BOX 575**
 CITY-ST-ZIP **BROWNSVILLE OR 97327**

TITLE ☐ Delete
 NAME **D PIERCE, SAM**
 STREET ADDRESS **749 HAZELTINE AVE SE**
 CITY-ST-ZIP **SALEM OR 97306-1755**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02
 Date

561-770-1130
 Daytime Phone #

CR2E037 (9/01)