

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90107 032 ****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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SMITH, JEWEL**
STREET ADDRESS **1396 24TH ST SW**
CITY-ST-ZIP **VERO BEACH FL**

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

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

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

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

TITLE **T/D** ☒ Change ☐ Addition
NAME **Sweet, Magdalene**
STREET ADDRESS **1471 Sandusky St SE**
CITY-ST-ZIP **Palm Bay FL 32909**

TITLE **D** ☐ Delete
NAME **GORDON, BLONDELL**
STREET ADDRESS **1371 NOKEN ST NE**
CITY-ST-ZIP **PALM BAY FL 32907**

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

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

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

TITLE **D** ☐ Delete
NAME **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)(l), 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: **Voltaire G. Pearce**

03-04-03 (772) 770-1130

CR2E037 (10/02)