

2000 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-15-2000 90003 014 ****61.25

DOCUMENT # N99000001441

1. Entity Name

THE POWER OF GOD SCHOOL OF MINISTRIES INC. *R*

Principal Place of Business

457
457 W. CAROLINA ST.
TALLAHASSEE FL 32304 *32301*

Mailing Address

457
457 W. CAROLINA ST.
TALLAHASSEE FL ~~32304~~ *32301*

2. Principal Place of Business

457 W. Carolina St.
Suite, Apt. #, etc.

3. Mailing Address

457 W. Carolina St.
Suite, Apt. #, etc.

City & State

Tallahassee, Fla.
Zip Country

City & State

Tallahassee, Fla.
Zip Country

4. FEI Number

59-3543800

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

GAMBLE, ELLIS J

7-457 W. CAROLINA ST.
TALLAHASSEE FL 32304

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.

ELLIS J. GAMBLE
SIGNATURE *Ellis J. Gamble*
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
After September 13, 2000 min. will be \$236.25

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

TITLE	<i>ELLIS J. GAMBLE</i>	<input type="checkbox"/> Delete
NAME	<i>Ellis J. Gamble</i>	
STREET ADDRESS	<i>457 W. Carolina St.</i>	
CITY-ST-ZIP	<i>Tallahassee, Fla. 32301</i>	
TITLE	<i>Patricia Gamble</i>	<input type="checkbox"/> Delete
NAME	<i>Patricia Gamble</i>	
STREET ADDRESS	<i>457 W. Carolina St.</i>	
CITY-ST-ZIP	<i>Tallahassee, Fla. 32301</i>	
TITLE	<i>Joyola Scurry</i>	<input type="checkbox"/> Delete
NAME	<i>Joyola Scurry</i>	
STREET ADDRESS	<i>12204 Mulberry Blvd.</i>	
CITY-ST-ZIP	<i>Tallahassee, Fla. 32303</i>	
TITLE	<i>Korey Freeman</i>	<input type="checkbox"/> Delete
NAME	<i>Korey Freeman</i>	
STREET ADDRESS	<i>333 Giles Place</i>	
CITY-ST-ZIP	<i>Tallahassee, Fla. 32308</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ellis J. Gamble *ELLIS J. GAMBLE* *Aug. 11-2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (5/00)