

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001970

1. Entity Name

MASTER'S DOMAIN CHURCH OF GOD IN CHRIST, INC. ✓

Principal Place of Business

918 ORANGE AVE.
DAYTONA BCH FL 32114

Mailing Address

918 ORANGE AVE.
DAYTONA BCH FL 32114

2. Principal Place of Business

918 Orange Ave
Suite, Apt. #, etc.
Daytona Beach FL
City & State

3. Mailing Address

918 Orange Ave
Suite, Apt. #, etc.
Daytona Beach FL
City & State

Zip

32114

Country

America

Zip

32114

Country

America

6. Name and Address of Current Registered Agent

HARRIS, DERRICK R
918 ORANGE AVE.
DAYTONA BCH FL 32114

4. FEI Number

59-3573550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Harris, Derrick

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

918 Orange Ave
Daytona Beach FL
City

32114

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

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 PD
NAME HARRIS, DERRICK R
STREET ADDRESS 918 ORANGE AVE.
CITY-ST-ZIP DAYTONA BCH FL 32114 ☐ Delete

TITLE SD
NAME HARRIS, DARCI
STREET ADDRESS 918 ORANGE AVE.
CITY-ST-ZIP DAYTONA BCH FL 32114 ☐ Delete

TITLE TD
NAME HARRIS, RUTH
STREET ADDRESS 3355 NW 213TH TERR.
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90149 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)