

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001970

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

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

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

Principal Place of Business Mailing Address
918 ORANGE AVE. **918 ORANGE AVE.**
DAYTONA BCH FL 32114 **DAYTONA BCH FL 32114**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
918 Orange Ave *918 Orange Ave*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Daytona Beach FL *Daytona Beach FL*
 City & State City & State

4. FEI Number Applied For
59-3573550 Not Applicable

Zip Country Zip Country
32114 *America* *32114* *America*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HARRIS, DERRICK R
918 ORANGE AVE.
DAYTONA BCH FL 32114

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 *32114*
 City State 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: *Derrick R. Harris* *Derrick R. Harris* *7/15/00*
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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, DERRICK R 918 ORANGE AVE. DAYTONA BCH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, DARCIA 918 ORANGE AVE. DAYTONA BCH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, RUTH 3355 NW 213TH TERR. MIAMI FL 33056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* *7/15/00* *(904) 297-6108*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)