## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Aug 14, 2001 8:00 am Secretary of State DOCUMENT # N9900001970 1. Entity Name 08-14-2001 90002 035 \*\*\*\*70.00 MASTER'S DOMAIN CHURCH OF GOD IN CHRIST, INC. Mailing Address Principal Place of Business 918 ORANGE AVE 918 ORANGE AVE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3573550 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARRIS, DERRICK R 918 ORANGE AVE. ADAYTONA BCH FL 32114 Zip Code City FL The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ■ Addition PD TITI F Delete TITL F HARRIS, DERRICK R NAME NAME STREET ADDRESS STREET ADDRESS 918 ORANGE AVE. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL 32114 ☐ Change ☐ Addition SD TITLE ☐ Delete TITLE HARRIS, DARCIA NAME STREET ADDRESS STREET ADDRESS 918 ORANGE AVE. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL 32114 ☐ Change ☐ Addition TITI F TD ☐ Delete TITLE HARRIS, RUTH NAME NAME STREET ADDRESS 3355 NW 213TH TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33056 Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP