

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005145

1. Entity Name

THE LEAST OF THESE CHURCH, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90082 026 *****70.00

8312003

Principal Place of Business

Mailing Address

2715 HAM BROWN RD
KISSIMME FL 34746

2715 HAM BROWN RD
KISSIMME FL 34746

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

59-3608884

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOSZLETH, LOUIS
2715 HAM BROWN RD
KISSIMME FL 34746

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PDC
HEISEY, KURT
STREET ADDRESS 121 WALNUT ST
CITY-ST-ZIP WESTFIELD PA 16950 ☐ Delete

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

TITLE NAME TD
RICHMOND, RICH
STREET ADDRESS 2560 HWY 20
CITY-ST-ZIP NEWPORT OR 97365 ☐ Delete

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

TITLE NAME SD
GOSZLETH, LOUIS
STREET ADDRESS 2715 HAM BROWN RD
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

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

TITLE NAME MD
BENO, TOM
STREET ADDRESS 402 COTTON BLOSSOM RD
CITY-ST-ZIP MILLBROOK AL 36054 ☐ Delete

TITLE NAME PCD
BENZ, THOMAS
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME D
NAME ROBERT HOLLAS, ROBERT
STREET ADDRESS 233 KEENE ST LA
CITY-ST-ZIP LAKE PROVIDENCE 71254 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE 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]* REQUIRED GOSZLETH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

Date

(407) 870-8092

Daytime Phone #

CR2E037 (10/00)