

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005948

1. Entity Name

PHILADELPHIA CHURCH OF GOD MINISTRIES, INC.

Principal Place of Business

3011 EAST BEAUMONT LANE
EUSTIS FL 32726

Mailing Address

PO BOX 895817
LEESBURG FL 34789

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

59-3608768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONGLEY, OLIVER W
3011 EAST BEAUMONT LANE
EUSTIS FL 32726

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARCELLE, CHARLES E
11021 NORTHERN AVE
LEESBURG FL 34788 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LONGLEY, WAYNE O
3011 EAST BEAUMONT LANE
EUSTIS FL 32726 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRAHAM, SUE
1204 BAKER ST
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MARCELLE, CELIA T
11021 NORTHERN AVE
LEESBURG FL 34788 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LONGLEY, ERIKA
3011 EAST BEAUMONT LANE
EUSTIS FL 32726 ☐ 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
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☐ Change ☐ Addition

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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:

ROUNDALE REGENCY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90112 031 *****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)