

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002830

1. Entity Name

SPRINGFIELD TRUE CHURCH OF GOD INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90293 010 ****61.25

Principal Place of Business

Mailing Address

49 W. 16TH ST.
JACKSONVILLE FL 32206

49 W. 16TH ST.
JACKSONVILLE FL 32206-2802

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

59-3248907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, ELDER MICHAEL SR.
3258 DILLON ST.
JACKSONVILLE FL 32254

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	P	<input type="checkbox"/> Delete
NAME	JAMES, SR., MICHAEL	
STREET ADDRESS	3258 DILLON STREET	
CITY-ST-ZIP	JAX FL 32205	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONTGOMERY, WILLIAM	
STREET ADDRESS	3435 KINGSTON ST	
CITY-ST-ZIP	JAX FL 32205	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKER, OTIS	
STREET ADDRESS	3309 PHYLLIS STREET	
CITY-ST-ZIP	JAX FL 32205	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLIVER, DARIAN	
STREET ADDRESS	8466 PERKINS COURT	
CITY-ST-ZIP	JAX FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, CHARLES	
STREET ADDRESS	2525 LAMEE LANE	
CITY-ST-ZIP	JAX FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, JOHNNI M.	
STREET ADDRESS	222 SILVER CREEK CT #9	
CITY-ST-ZIP	JAX FL 32218	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(964)

389-5066

Daytime Phone #

CR2E037 (9/99)