

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90047 005 \*\*\*\*61.25

DOCUMENT # 706796

1. Entity Name

FIRST ASSEMBLY OF GOD, INC. OF LAKE PLACID, FLOR



DO NOT WRITE IN THIS SPACE

Principal Place of Business 327 PLUMOSA AVENUE LAKE PLACID FL 33852 US	Mailing Address POST OFFICE BOX 477 LAKE PLACID FL 33862-0477 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number <b>59-2352453</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BRYANT, JOHNNY**  
**345 PLUMOSA AVE**  
**LAKE PLACID FL 33852**

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 *Rev. Johnny Bryant, Pastor* DATE *1/28/2000*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

#5581  
 1/28/00  
**FILE NOW:**  
**SEE 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	<b>PDC</b> <b>BRYANT, JOHNNY (REV)</b> <b>345 PLUMOSA AVENUE</b> <b>LAKE PLACID FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>WELLS, LONNIE</b> <b>1200 CR 29</b> <b>LAKE PLACID FL 33852</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, TIMOTHY</b> <b>1547 FIFTH ST</b> <b>LAKE PLACID FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOON, DOUG J</b> <b>201 MCCOY RD</b> <b>SEBRING FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOM PARSONS</b> <b>119 LEMON RD. NE</b> <b>LAKE PLACID FL 33852</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SNYDER, GENE</b> <b>1530 SYCAMORE AVENUE</b> <b>LAKE PLACID FL 33852</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>LARRY O'DONNELL</b> <b>3215 PLACID VIEW DRIVE</b> <b>LAKE PLACID, FL 33852</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAY WHITEHOUSE</b> <b>942 LAKE DRIVE EAST</b> <b>LAKE PLACID, FL 33852</b>	<input type="checkbox"/> Change <input checked="" 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: *Gene Snyder*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-863-  
 Feb. 28, 2000 465-2363  
 Date Daytime Phone #

CR2E037 (9/99)