2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State
01-22-2001 90133 034 ****61.25

0066585

DOCUMENT # 708110

1. Entity Name

FIRST ASSEMBLY OF GOD, INC. OF FROSTPROOF, FLORI

Principal Place of Business	Mailing Address
333 E. B. ST. P.O. BOX 247 FROSTPROOF FL 33843	333 E. B. ST. P.O. BOX 247 FROSTPROOF FL 33843

U0006067

DO NOT WRITE IN THIS SPACE

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 59-2369998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALATI, KELLY P.
335 E. B. ST.
FROSTPROOF FL 33843

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GALATI, KELLY P. 335 W. F STREET FROSTPROOF FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Harley Carter 909 Old Avon Park Road Frostproof FL 33843	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WATERS, RALPH 300 W. 6TH ST. FROSTPROOF FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Terry Ogburn 903 Old Avon Park Road Frostproof FL 33843	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MAULDIN, GWENDOLYN J. 11 SANDY LANE FROSTPROOF FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TUCKER, CONNIE 241 TURKEY OAK TRAIL FROSTPROOF FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RESPRESS, GRADY 801 CLINCH LAKE BLVD. FROSTPROOF FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~Terry Ogburn~~ ~~903 Old Avon Park Road~~ ~~Frostproof FL 33843~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Kelly P. Galati SIGNATURE REQUIRED 1-9-00 863-635-2702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #