2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003
Secretary of State

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Entity Name: FIRST ASSEMBLY'S CHURCH ON THE RIDGE, INC. OF FROSTPROOF, FLORIDA

Current Principal Place of Business:

333 E. B. ST.
P.O. BOX 247
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

333 E. B. ST.
P.O. BOX 247
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 59-2369998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: GALATI, KELLY P.
Address: 335 W. F STREET
City-St-Zip: FROSTPROOF, FL

Title: D ( ) Delete
Name: BRACKEN, RITA
Address: 40 E HALL ST
City-St-Zip: FROSTPROOF, FL 33843

Title: DS ( ) Delete
Name: MAULDIN, GWENDOLYN J.
Address: 11 SANDY LANE
City-St-Zip: FROSTPROOF, FL

Title: DT ( ) Delete
Name: TUCKER, CONNIE
Address: 241 TURKEY OAK TRAIL
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: RESPRESS, GRADY
Address: 801 CLINCH LAKE BLVD.
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: CARTER, HARLEY
Address: 909 OLD AVAON PARK ROAD
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GALATI, KELLY P.
Address: 335 E. B STREET
City-St-Zip: FROSTPROOF, FL

Title: DS (X) Change ( ) Addition
Name: CROSBY, RITA
Address: 40 E HALL ST
City-St-Zip: FROSTPROOF, FL 33843

Title: VD (X) Change ( ) Addition
Name: OGBURN, TERRY
Address: 903 OLD AVON PARK RD
City-St-Zip: FROSTPROOF, FL 33843

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY P. GALATI PD 02/19/2003
Electronic Signature of Signing Officer or Director — Date

MARCH, RAYMOND D
275 OVEROCKER CIR
FROSTPROOF, FL 33843