

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710642

1. Entity Name

BARTOW FIRST ASSEMBLY OF GOD, INC. OF BARTOW, FLO

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90087 032 ****61.25

Principal Place of Business

Mailing Address

915 SOUTH BROADWAY
 BARTOW FL 33830

915 SOUTH BROADWAY
 BARTOW FL 33830-5606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1851501

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEDDER, MICHAEL D
1080 IRVING AVE.
BARTOW FL 33830

Name
Tedder, Michael D.
 Street Address (P.O. Box Number is Not Acceptable)
160 E. Hooker Street

City
Bartow **FL** Zip Code
33830

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 Michael D. Tedder (address change only)

4/19/00

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 **D** Delete
 NAME **DUNSFORD, JAMES W**
 STREET ADDRESS **1125 PINECREST DRIVE**
 CITY-ST-ZIP **BARTOW, FL 0**

TITLE **D** Change Addition
 NAME **Barr, Lester**
 STREET ADDRESS **835 E. Mann Rd**
 CITY-ST-ZIP **Bartow, FL 33830**

TITLE **D** Delete
 NAME **BLACKWELDER, SHIRLEY**
 STREET ADDRESS **1235 SUNSET AVE.**
 CITY-ST-ZIP **BARTOW FL**

TITLE **D** Change Addition
 NAME **Smith, Christopher**
 STREET ADDRESS **1065 Bear Creek Drive**
 CITY-ST-ZIP **Bartow, FL 33830**

TITLE **D** Delete
 NAME **MILTON, W. B**
 STREET ADDRESS **1100 NEWCOMB RD.**
 CITY-ST-ZIP **ALTURAS FL**

TITLE Change Addition

TITLE **S** Delete
 NAME **METHENY, KEVIN**
 STREET ADDRESS **455 W. PLUMOSA ST.**
 CITY-ST-ZIP **BARTOW FL**

TITLE Change Addition

TITLE **D** Delete
 NAME **BOYD, THOMAS**
 STREET ADDRESS **650 TRAVIS CT**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE Change Addition

TITLE **D** Delete
 NAME **NORRIS, ROYCE**
 STREET ADDRESS **460 PLUMOSA AVE**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE Change 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: ~~SIGNATURE REQUIRED~~
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

Daytime Phone #

CR2E037 (9/99)