

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0066329

DOCUMENT # 710642

1. Entity Name

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

05-01-2001 90104 001 ****61.25

Principal Place of Business

Mailing Address

915 SOUTH BROADWAY
 BARTOW FL 33830

915 SOUTH BROADWAY
 BARTOW FL 33830

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
160 E. HOOKER STREET
BARTOW FL 33830

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	D	<input type="checkbox"/> Delete
NAME	BARR, LESTER	
STREET ADDRESS	835 E. MANN RD	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKWELDER, SHIRLEY	
STREET ADDRESS	1235 SUNSET AVE.	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILTON, W. B	
STREET ADDRESS	1100 NEWCOMB RD.	
CITY-ST-ZIP	ALTURAS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	METHENY, KEVIN	
STREET ADDRESS	455 W. PLUMOSA ST.	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYD, THOMAS	
STREET ADDRESS	650 TRAVIS CT	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORRIS, ROYCE	
STREET ADDRESS	460 PLUMOSA AVE	
CITY-ST-ZIP	BARTOW FL 33830	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Tedder	
STREET ADDRESS	160 E. Hooker St.	
CITY-ST-ZIP	Bartow, Fl 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Smith	
STREET ADDRESS	1035 Bear Creek Dr.	
CITY-ST-ZIP	Bartow, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory Waldorff	
STREET ADDRESS	3520 E. Gaskin Road #22	
CITY-ST-ZIP	Bartow, Fl 33830	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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:

Kevin Metheny

Kevin Metheny 4-22-01 863-533-7488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)