

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91421 021 \*\*\*\*61.25

004909

**DOCUMENT # 710642**

1. Entity Name

**BARTOW FIRST ASSEMBLY OF GOD, INC. OF BARTOW, FLORIDA**

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

Zip

Country

Zip

Country

4. FEI Number

**59-1851501**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: <input type="checkbox"/> Delete NAME: <b>D BARR, LESTER</b> STREET ADDRESS: <b>835 E. MANN RD</b> CITY-ST-ZIP: <b>BARTOW FL 33830</b>	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>Director Greg Waldorff</b> STREET ADDRESS: <b>3520 E. Gaskin Road #22</b> CITY-ST-ZIP: <b>Bartow, Fl 33830</b>
TITLE: <input checked="" type="checkbox"/> Delete NAME: <b>D BLACKWELDER, SHIRLEY</b> STREET ADDRESS: <b>1235 SUNSET AVE.</b> CITY-ST-ZIP: <b>BARTOW FL</b>	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>Director William Howard</b> STREET ADDRESS: <b>827 Kristen Court</b> CITY-ST-ZIP: <b>Bartow, Fl 33830</b>
TITLE: <input type="checkbox"/> Delete NAME: <b>D MILTON, W. B.</b> STREET ADDRESS: <b>1100 NEWCOMB RD.</b> CITY-ST-ZIP: <b>ALTURAS FL</b>	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>Director Ronald Prevatt</b> STREET ADDRESS: <b>1115 S. Oak</b> CITY-ST-ZIP: <b>Bartow, Fl 33830</b>
TITLE: <input type="checkbox"/> Delete NAME: <b>S METHENY, KEVIN</b> STREET ADDRESS: <b>455 W. PLUMOSA ST.</b> CITY-ST-ZIP: <b>BARTOW FL</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>P TEDDER, MICHAEL</b> STREET ADDRESS: <b>160 E HOOKER ST</b> CITY-ST-ZIP: <b>BARTOW FL 33830</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>D NORRIS, ROYCE</b> STREET ADDRESS: <b>460 PLUMOSA AVE</b> CITY-ST-ZIP: <b>BARTOW FL 33830</b>	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:** *Michael D. Tedder* **Michael D. Tedder** 3/11/02 863-533-7488

CR2E037 (9/01)