2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **721619** May 18, 2000 8:00 am Secretary of State FIRST ASSEMBLY OF GOD CHURCH OF CHIPLEY, FLA. IN 05-18-2000 90377 012 ****70.00 Principal Place of Business Mailing Address P.O. BOX 40 CHIPLEY FLORIDA INC CHIPLEY FL 32428-0040 567 MAIN ST CHIPLEY FL 32428 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2358665 Not Applicable \$8.75 Additional Zip Country Zip Country X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Spivey, J. C. II Street Address (P.O. Box Number is Not Acceptable) BREMER, ORVILLE 824 BREMER CIRCLE COTTONDALE FL 32431 Zip Code 32428 City Chipley, 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. 04/28/00 J. C. Spivey II Vice President SIGNATURE (NOTE. Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME PETTIS, DALLAS M STREET ADDRESS STREET ADDRESS 2822 RIVER RD CITY-ST-ZIP CITY-ST-ZIP VERNON FL 32462 K Change ☐ Addition Delete TITLE TITLE SD NAME COOK, CLESTUS NAME Walsingham, Randall STREET ADDRESS STREET ADDRESS 640 MAIN ST 1747 Cane Mill Road CITY-ST-ZIP CITY-ST-ZIP Chipley, FL 32428 CHIPLEY FL 32428 ☐ Addition ★ Change TITLE X Delete TITLE VD Spivey, J. C. II BREMER, ORVILLE NAME NAME STREET ADDRESS STREET ADDRESS 842 BREMER CIRCLE 788 Fourth Street CITY-ST-ZIP CITY-ST-ZIP COTTONDALE FL 32431 <u> Chipley, FL_ 32428</u> Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 out of 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 out of the corporation of the corporation of the corporation of 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

Pettis M. Pettis

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

850-638-1791

Daytime Phone #

Date