2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # 721619** 1. Entity Name FIRST ASSEMBLY OF GOD CHURCH OF CHIPLEY, FLA. IN 02-01-2001 90128 038 ****70.00 Principal Place of Business Mailing Address CHIPLEY FLORIDA INC P.O. BOX 40 567 MAIN ST CHIPLEY FL 32428 CHIPLEY FLA 32428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2358665 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Parker, Thomas Larry Street Address (P.O. Box Number is Not Acceptable) 584 Hwy 273 SPIVEY, J C II 788 FOURTH STREET CHIPLEY FL 32428 City Zip Code Chipley, 32428 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. 01/17/01 Thomas Larry Parker Vice President SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete PETTIS, DALLAS M NAME NAME STREET ADDRESS 2822 RIVER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERNON FL 32462 ☐ Addition TITLE Delete TITLE Change WALSINGHAM, RANDALL NAME NAME STREET ADDRESS STREET ADDRESS 1747 CANE MILL ROAD CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL 32428 VD --- --Change ☐ Addition TITLE Delete TITLE VD. SPIVEY, J C II NAME NAME Parker, Thomas Larry STREET ADDRESS STREET ADDRESS **788 FOURTH STREET** 584 Hwy. 273 CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL 32428 Chipley FL 32428 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOLE TITLE ☐ Change ☐ Addition NAME NAME

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 empo

STREET ADDRESS

CITY-ST-ZIP

<u>UP∤Dāl</u>las M. Pettis SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

01/17/01

850-638-1791

Daytime Phone #