# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730987

1. Entity Name

FIRST ASSEMBLY OF GOD OF WAUCHULA, INC.

**FILED**
**Apr 12, 2000 8:00 am**
**Secretary of State**
04-12-2000 90074 037 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 1397 S. FLORIDA AVE.<br>WAUCHULA FLORIDA 33873 | PO BOX 1658<br>WAUCHULA FL 33873-1658 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1397 S. Florida Ave. | P.O. Box 1658 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Wauchula FL | City & State: Wauchula, FL |
| Zip: 33873 Country: USA | Zip: 33873 Country: USA |

4. FEI Number 59-2235788 ☐ 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 |
|---|---|
| EVERETT, DALE W.<br>1300 W. MAIN ST.<br>WAUCHULA FL 33873 | Name: Peter A. Joudry<br>Street Address (P.O. Box Number is Not Acceptable): 1397 S. Florida Ave.<br>City: Wauchula FL Zip Code: 33873 |

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 X [signature] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KEATING, WILLIAM<br>FISH BRANCH RD.<br>ZOLPHO SPRINGS, FL 00000 | ☐ Delete | Keating, William<br>2798 Fish Branch Rd.<br>Zolfo Springs, FL 33890 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILLIAMS, EARL<br>ALTMAN RD., P.O. BOX 54<br>WAUCHULA FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILKISSON, MIKE<br>P. O. BOX 46<br>ZOLFO SPRINGS FL 33890 | ☐ Delete | Wilkinson, Mike<br>P O Box 46<br>Zolfo Springs, FL 33890 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>EVERETT, DALE W.<br>1350 W MAIN ST<br>WAUCHULA FL | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KEEL, PAUL S<br>1268 DENA CIR.<br>WAUCHULA FL | ☐ Delete | Keel, Paul<br>1268 Dena Circle<br>Wauchula FL 33873 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** X [signature] SIGNATURE REQUIRED Peter A. Joudry 4-7-00 863-773-9386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #