

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90144 038 ****61.25

0003169

DOCUMENT # 735923

1. Entity Name

HOLLEY ASSEMBLY OF GOD, INC.



Principal Place of Business

3850 HWY 87
NAVARRE FL 32566

Mailing Address

% NORMAN G. COLEMAN
9400 OCTAVIA LANE
NAVARRE FL 32566

2. Principal Place of Business

4006 Hwy 87

3. Mailing Address

Suite, Apt. #, etc.

City & State

Navarre, FL

City & State

Zip

32566

Country

Santa Rosa

Zip

Country

4. FEI Number 59-3548428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HAROLD L. SMITH
3661 HWY. 87
NAVARRE FL 32566

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COLEMAN, NORMAN G
STREET ADDRESS 9400 OCTAVIA LANE
CITY-ST-ZIP NAVARRE FL 32566 ☐ Delete

TITLE D
NAME ROSE, III, RUFUS E.
STREET ADDRESS 8805 WAYNELL CT
CITY-ST-ZIP NAVARRE FL 32566 ☐ Delete

TITLE D
NAME JERNIGAN, C.G.
STREET ADDRESS 3687 KOREY LANE
CITY-ST-ZIP NAVARRE FL 32566 ☐ Delete

TITLE STD
NAME SMITH, HAROLD L.
STREET ADDRESS 3078 HOLLEY POINT ROAD
CITY-ST-ZIP NAVARRE FL 32566 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Norman G. Coleman 9/3/03 850 939-3057

CR2E037 (4/03)