

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736748

1. Entity Name

FIRST ASSEMBLY OF GOD OF MILTON, MILTON, FLORIDA

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90094 048 ****61.25

Principal Place of Business 6163 DOGWOOD RD. P.O. BOX 383 MILTON FL 32572 US	Mailing Address 6163 DOGWOOD RD MILTON FL 32570-3523 US
--	--



DO NOT WRITE IN THIS SPACE

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	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, DEBRA L
507 ALABAMA ST
MILTON FL 32570

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, FRED E. 5756 MILL POND LN MILTON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARPENTER, DEBRA L 507 ALABAMA ST MILTON FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, DANIEL 4261 PACE LN PACE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JAMES A. 5255 SPRINGDALE DR MILTON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGGINS, EMMITT 12 MARCUS CIRCLE PACE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, DAVID 6245 OLD BAGDAD HWY MILTON FL 32583 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Willie Ray <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5560 Columbia Ave Milton, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Kendrick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7881 Old Hickory Hammock Rd Milton, FL 32583

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 F. Carpenter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000 850-623-2854
 Date Daytime Phone #

CR2E037 (9/99)