

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90226 029 ****61.25

0058422

DOCUMENT # 739739

1. Entity Name

FIRST CHURCH OF GOD OF MIDDLEBURG, INC.

Principal Place of Business

Mailing Address

**3965 OLD JENNINGS ROAD
MIDDLEBURG FL 32068**

**3965 OLD JENNINGS ROAD
MIDDLEBURG FL 32068
US**

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

59-2155034

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLAIN, JESSE
3965 OLD JENNINGS RD.
MIDDLEBURG FL 32068**

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

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

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	VD	<input checked="" type="checkbox"/> Delete
NAME	HIERS, STEVE	
STREET ADDRESS	4152 MUSTANG RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, PHYLLIS	
STREET ADDRESS	1143 CACTUS CUT ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCLAIN, JESSE	
STREET ADDRESS	3965 OLD JENNINGS RD.	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAUCOM, CREACY	
STREET ADDRESS	1001 DOSHIRE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Horton, DAVID	
STREET ADDRESS	518 ARTHUR MOORE DR	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: Creacy Baucum **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 904 282 1810
 Date Daytime Phone #