

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741483

1. Entity Name

THE HOLT ASSEMBLY OF GOD, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90098 003 ****61.25

Principal Place of Business

Mailing Address

BERRY ST.
 P.O. BOX 7
 HOLT FL 32564-0007

BERRY ST.
 P.O. BOX 7
 HOLT FL 32564-0007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2115734

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLT, BRENDA C
 4861 L ADAMS RD
 HOLT FL 32564

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	STTR	<input type="checkbox"/> Delete
NAME	HOLT, BRENDA	
STREET ADDRESS	4861 ADAMS ROAD	
CITY-ST-ZIP	HOLT FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAWSON, LARRY L	
STREET ADDRESS	605 E SOUTHSIDE DR	
CITY-ST-ZIP	HOLT FL 32564	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCURLOCK, JEFFREY	
STREET ADDRESS	3RD AVE	
CITY-ST-ZIP	HOLT FL 32564	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hooper, Ronnie	
STREET ADDRESS	548 Hwy 90 W.	
CITY-ST-ZIP	Holt, FL 32564	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Toiliver, Carolyn	
STREET ADDRESS	4334 Cooper lane	
CITY-ST-ZIP	Holt, FL 32564	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Brenda C. Holt* **RECEIVED** C. Holt

April 25 2000 850-531-8351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)