

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90062 047 \*\*\*\*61.25

**DOCUMENT # 750355**  
 1. Entity Name  
**FIRST ASSEMBLY OF GOD OF GAINESVILLE, FLORIDA, I**

Principal Place of Business                      Mailing Address  
**2925 N W 39TH AVENUE**                      **2925 N W 39TH AVENUE**  
**GAINESVILLE FL 32605**                      **GAINESVILLE FL 32605-2150**

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  
**59-2112089**     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	
<b>LASTINGER, A.L.</b> <b>2925 NW 39TH AVE</b> <b>GAINESVILLE FL 32605</b>		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 Gregory Evans  
 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 <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>MULL, GARY</b> STREET ADDRESS <b>7925 SW 5TH AVENUE</b> CITY-ST-ZIP <b>GAINESVILLE FL</b>		TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Gregory Evans</b> STREET ADDRESS <b>6502 NW 27 Street</b> CITY-ST-ZIP <b>Gainesville FL 32653</b>	
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>GROCE, ROGER</b> STREET ADDRESS <b>9510 SW 19TH AVE</b> CITY-ST-ZIP <b>GAINESVILLE FL</b>		TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Carlton Dill</b> STREET ADDRESS <b>370-1 SW 62 Blvd.</b> CITY-ST-ZIP <b>Gainesville FL 32607</b>	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>LASTINGER, A L</b> STREET ADDRESS <b>1443 NW 98TH TERRACE</b> CITY-ST-ZIP <b>GAINESVILLE FL 32606</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <b>DT</b> <input type="checkbox"/> Delete NAME <b>ALLEN, E. BRUCE</b> STREET ADDRESS <b>2116 SW 76 TERRACE</b> CITY-ST-ZIP <b>GAINESVILLE FL 32607</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <b>DS</b> <input type="checkbox"/> Delete NAME <b>TAYLOR, J. N.</b> STREET ADDRESS <b>14629 NW 122 TERRACE</b> CITY-ST-ZIP <b>ALACHUA FL 32615</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>KELL, SCOTT</b> STREET ADDRESS <b>4211 NW 14 PLACE</b> CITY-ST-ZIP <b>GAINESVILLE FL 32605</b>		TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>John Pena</b> STREET ADDRESS <b>6716 NW 26 Terrace</b> CITY-ST-ZIP <b>Gainesville FL 32653</b>	

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 reports 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]                      2/24/00                      (352)376-6992  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E037 (9/99)