2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am DOCUMENT # 750355 **Secretary of State** FIRST ASSEMBLY OF GOD OF GAINESVILLE, FLORIDA, I 02-13-2001 90071 003 ****61.25 Principal Place of Business Mailing Address 2925 N W 39TH AVENUE 2925 N W 39TH AVENUE GAINESVILLE FL 32605 GAINESVILLE FL 32605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2112089 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LASTINGER, A.L. 2925 NW 39TH AVE V 30 1 1 1 1 1 **GAINESVILLE FL 32605** City 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **FEE IS \$61.25 Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Change ☐ Addition ☐ Delete EVANS, GREGORY NAME NAME STREET ADDRESS STREET ADDRESS 6502 NW 27 STREET CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32653** TITLE ☐ Delete TITLE Change ☐ Addition NAME DILL. CARLTON NAME STREET ADDRESS STREET ADDRESS 370 1 SW 62 BLVD CITY-ST-7IP CITY-ST-ZIP GAINESVILLE FL 32607 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Lastinger, a L NAME STREET ADDRESS 1443 NW 98TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GAINESVILLE FL 32606 ☐ Addition TITLE ☐ Delete TITLE Deacon only Change Ch NAME ALLEN, E. BRUCE NAME STREET ADDRESS STREET ADDRESS 2116 SW 76 TERRACE CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32607** TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, J. N. NAME NAME STREET ADDRESS STREET ADDRESS 14629 NW 122 TERRACE CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 TITLE Delete TITLE **X** Addition NAME KELL, SCOTT NAME Mull, Gary Avenue STREET ADDRESS STREET ADDRESS 4211 NW 14 PLACE Gainesville, FL 32607 CITY-ST-ZIP **GAINESVILLE FL 32605** 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.