

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90041 020 ****61.25

DOCUMENT # 750355

1. Entity Name

FIRST ASSEMBLY OF GOD OF GAINESVILLE, FLORIDA, I NC.

Principal Place of Business

Mailing Address

2925 N W 39TH AVENUE
 GAINESVILLE FL 32605

2925 N W 39TH AVENUE
 GAINESVILLE FL 32605

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

59-2112089

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

LASTINGER, A.L.
2925 NW 39TH AVE
GAINESVILLE FL 32605

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 **D** Delete
 NAME **EVANS, GREGORY**
 STREET ADDRESS **6502 NW 27 STREET**
 CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **DS** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DILL, CARLTON**
 STREET ADDRESS **370 1 SW 62 BLVD**
 CITY-ST-ZIP **GAINESVILLE-FL-32607**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **LASTINGER, A L**
 STREET ADDRESS **1443 NW 98TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ALLEN, E. BRUCE**
 STREET ADDRESS **2116 SW 76 TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **DT** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **TAYLOR, J. N.**
 STREET ADDRESS **14629 NW 122 TERRACE**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **MULL, GARY**
 STREET ADDRESS **7925 SW 5TH AVENUE**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE Change 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/02 (352)
 376-6992

CR2E037 (9/01)