

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

3/

03-12-2003 90073 003 \*\*\*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      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.

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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$81.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EVANS, GREGORY</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>DILL, CARLTON</b>	
STREET ADDRESS	<b>370 1 SW 62 BLVD</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32607</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Pastor/Director/Pres. LASTINGER, A L</b>	
STREET ADDRESS	<b>1443 NW 98TH TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>DT</b>	<input checked="" 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Treasurer Robert Foltz</b>	
STREET ADDRESS	<b>3546 NW 25 Terrace</b>	
CITY-ST-ZIP	<b>Gainesville FL 32605</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Secretary Paul Humphlett</b>	
STREET ADDRESS	<b>3900 SW 5 Place</b>	
CITY-ST-ZIP	<b>Gainesville FL 32607</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Vice President / Co Pastor Michael A. Patz / Director</b>	
STREET ADDRESS	<b>6434 NW 29 Terrace</b>	
CITY-ST-ZIP	<b>Gainesville FL 32653</b>	
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		

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

CR2E037 (10/02)