

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # 752395

1. Entity Name

CATHEDRAL PINES ASSEMBLY OF GOD, INC.

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

03-01-2000 90066 044 ****70.00

Principal Place of Business Mailing Address
 2929 OLD CHANEY HIGHWAY 2929 OLD CHANEY HIGHWAY
 TITUSVILLE FL 32780 TITUSVILLE FL 32780

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
 59-2410749 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, ALFRED D JR
 2929 OLD CHANEY HWY
 TITUSVILLE FL 32780

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	PO	☐ Delete
NAME	BAILEY, ALFRED D JR	
STREET ADDRESS	2929 OLD CHENEY HWY	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VD	☒ Delete
NAME	LASTINGER, TIMOTHY	
STREET ADDRESS	640 KEY LARGO DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	☒ Delete
NAME	RABURN, TERRY	
STREET ADDRESS	P.O. BOX 24687	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	D	☒ Delete
NAME	SIMPSON, RUFUS	
STREET ADDRESS	4203 GROVEWOOD LANE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME	Sidney Taylor	
STREET ADDRESS	2651 Baywood Drive	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Michael Medica	☐ Change ☒ Addition
NAME	1500 E. International Speedway Blvd.	
STREET ADDRESS	Deland, FL 32724	
CITY-ST-ZIP		
TITLE	Terry Raburn	☒ Change ☐ Addition
NAME	P.O. Box 24687	
STREET ADDRESS	Lakeland, FL 33802	
CITY-ST-ZIP		
TITLE	Steve Powell	☐ Change ☒ Addition
NAME	P.O. Box 24687	
STREET ADDRESS	Lakeland, FL 33802	
CITY-ST-ZIP		
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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-00

Date

321-267-3700

Daytime Phone #

CR2E037 (9/99)