

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 752395**

1. Entity Name

CATHEDRAL PINES ASSEMBLY OF GOD, INC.

Principal Place of Business

**2929 OLD CHANEY HIGHWAY
TITUSVILLE FL 32780**

Mailing Address

**2929 OLD CHANEY HIGHWAY
TITUSVILLE FL 32780**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2410749

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Rufus Simpson**

Street Address (P.O. Box Number is Not Acceptable)

2929 OLD CHANEY HWYCity **Titusville**FL Zip Code **32780**

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)

Sept 23, 2001
DATE**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BAILEY, ALFRED D JR 2929 OLD CHANEY HWY TITUSVILLE FL 32780 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEDICA, MICHAEL 1500 E INTERNATIONAL SPEEDWAY BLVD DELAND FL 32724 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BABURN, TERRY PO BOX 24687 LAKELAND FL 33802 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIDNEY, TAYLOR 2651 BAYWOOD DRIVE TITUSVILLE FL 32780 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, STEVE PO BOX 24687 LAKELAND FL 33802 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: **ALFRED D JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/01
Date**321-267-4043**
Daytime Phone #FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT -5 AM 11:40

A0004051



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)