

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90298 011 \*\*\*\*61.25

**DOCUMENT # 754597**

1. Entity Name  
**PACE ASSEMBLY MINISTRIES, INC.**



Principal Place of Business Mailing Address  
**%GLYN LOWERY, JR** **%GLYN LOWERY, JR**  
**3948 HWY 90** **3948 HWY 90**  
**PACE FL 32571-8998** **PACE FL 32571-8998**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1944606**

Applied For  
Not Applicable

Zip Country Zip Country

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

**LOWERY, GLYN, JR**  
**3948 HWY 90**  
**PACE FL 32571-8998**

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 \$61.25**

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUSBEE, MACK H, SR</b>	
STREET ADDRESS	<b>3948 HWY 90</b>	
CITY-ST-ZIP	<b>PACE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, A M</b>	
STREET ADDRESS	<b>3948 HWY 90</b>	
CITY-ST-ZIP	<b>PACE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ENFINGER, DONALD W.</b>	
STREET ADDRESS	<b>3948 HWY 90</b>	
CITY-ST-ZIP	<b>PACE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LOWERY, GLYN, JR</b>	
STREET ADDRESS	<b>3948 HWY 90</b>	
CITY-ST-ZIP	<b>PACE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WARRICK, DANNY F.</b>	
STREET ADDRESS	<b>3948 HWY 90</b>	
CITY-ST-ZIP	<b>PACE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WENDT, EARL JR</b>	
STREET ADDRESS	<b>3948 HWY 90</b>	
CITY-ST-ZIP	<b>PACE FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Marvin Fowler, Sr.</b>	
STREET ADDRESS	<b>3948 Hwy. 90 Pace, FL</b>	
CITY-ST-ZIP		
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		
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 612, 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)*  
**SIGNATURE REQUIRED**  
1/16/03

CR2E037 (10/02)