

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 767275**

1. Entity Name

FIRST ASSEMBLY OF GOD OF EUSTIS, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90050 033 ****61.25

926518

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2024 S GROVE ST. P. O. BOX 1078 EUSTIS FL 32727-8078	2024 S GROVE ST. P. O. BOX 1078 EUSTIS FL 32727-8078

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
		59-2173807	<input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	

6. Name and Address of Current Registered Agent**BOONE, PASTOR LARRY M.**
2024 SOUTH GROVE ST.
EUSTIS FL 32726**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
Zip Code
FL

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 \$61.259. 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOONE, LARRY M.		NAME		
STREET ADDRESS	1902 SOUTH GROVE ST.		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENSEN, SKOTT		NAME		
STREET ADDRESS	2719 WASHINGTON AVE		STREET ADDRESS		
CITY-ST-ZIP	ESUTIS FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DURDEN, HOWARD		NAME		
STREET ADDRESS	635 OLEANDER ST		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAILEY, PHIL		NAME		
STREET ADDRESS	122 A SHADOW WOOD ST.		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, TRUMAN		NAME		
STREET ADDRESS	11247 LOCKWOOD ST		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLF, HARRY		NAME		
STREET ADDRESS	24840 W ADAIR AVE		STREET ADDRESS		
CITY-ST-ZIP	MT PLYMOUTH FL 32776		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:

Rev. Larry M. Boone
Rev. Larry M. Boone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/09/01
Date352-483-3011
Daytime Phone #

CR2E037 (10/00)