

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770105

1. Entity Name

SOUTHEAST CHRISTIAN ASSEMBLIES OF GOD, INC.

Principal Place of Business

1400 E GEORGIA ST
BARTOW FL 33830

Mailing Address

1400 E GEORGIA ST
BARTOW FL 33830-6540

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

59-2339126

Applied For

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

PRESLEY, THOMAS L.
1710 VALENCIA BLVD.
BARTOW FL 33830

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 ☐ Delete
NAME P
STREET ADDRESS PRESLEY, THOMAS L
CITY-ST-ZIP 1710 VALENCIA BLVD
BARTOW FL 33830

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS MATTHEWS, DWIGHT
CITY-ST-ZIP 6403 SHADOWBROOK LANE
LAKELAND FL 33813

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

TITLE ☐ Delete
NAME D
STREET ADDRESS COLLINS, L.C.
CITY-ST-ZIP 200 QUAIL RUN
FROSTPROOF FL 33843

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WHITMAN, MAC
CITY-ST-ZIP 1655 NORTH FLORAL AVENUE
BARTOW FL 33830

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCRIMMON, THOMAS
CITY-ST-ZIP 1418 CARLTON PKWY
BARTOW FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Thomas L. Presley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-2000
Date Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90123 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)