

2001 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESLEY, THOMAS L 1710 VALENCIA BLVD BARTOW FL 33830	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTHEWS, DWIGHT 6403 SHADOWBROOK LANE LAKELAND FL 33813	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, L.C. 200 QUAIL RUN FROSTPROOF FL 33843	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMAN, MAC 1655 NORTH FLORAL AVENUE BARTOW FL 33830	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRIMMON, THOMAS 1418 CARLTON PKWY BARTOW FL	☐ 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/01

(863) 533-7287

Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90125 038 ****61.25

00007813



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)