

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90105 005 \*\*\*\*61.25

**DOCUMENT # N08777**

1. Entity Name

**FIRST ASSEMBLY OF GOD CHURCH OF FORT PIERCE, INC**

Principal Place of Business

Mailing Address

**1806 S 33RD ST  
 FORT PIERCE FL 34952**

**1806 S 33RD ST  
 FORT PIERCE FL 34947-4511**

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

**65-0822932**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RABURN, ROBERT L  
 712 S 9TH STREET  
 FT. PIERCE FL 34950**

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

*Robert L Raburn*

**3-21-00**

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 NAME	PD RABURN, ROBERT L	<input type="checkbox"/> Delete
STREET ADDRESS	712 SOUTH 9TH ST.	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE NAME	D MUSTAINE, VELMA	<input type="checkbox"/> Delete
STREET ADDRESS	5045 GARDNER ST	
CITY-ST-ZIP	FT. PIERCE FL 34981	
TITLE NAME	D EGCH, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	1205 APPLE ST	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE NAME	SD SIMPSON, ELOISE	<input type="checkbox"/> Delete
STREET ADDRESS	3113 SUNRISE BLVD	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Robert L Raburn*

PD

**3-21-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)