

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90189 045 \*\*\*\*66.25

**DOCUMENT # N08777**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert L Raburn*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-18-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$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 **PD** ☐ Delete  
NAME **RABURN, ROBERT L**  
STREET ADDRESS **712 SOUTH 9TH ST.**  
CITY-ST-ZIP **FT. PIERCE FL 34950**

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

TITLE **D** ☐ Delete  
NAME **MAXWELL, CARL W**  
STREET ADDRESS **7204 FORT WATTON AV**  
CITY-ST-ZIP **FORT PIERCE FL 34951**

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

TITLE **D** ☐ Delete  
NAME **EGCH, GARY**  
STREET ADDRESS **1205 APPLE ST**  
CITY-ST-ZIP **FT. PIERCE FL 34950**

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

TITLE **SD** ☒ Delete  
NAME **SIMPSON, ELOISE**  
STREET ADDRESS **3113 SUNRISE BLVD**  
CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE ☒ Change ☒ Addition  
NAME **S/O/ PATRICA McPHERSON**  
STREET ADDRESS **2050 BLEANDER BLVD APT#8-207**  
CITY-ST-ZIP **FT PIERCE, FL 34950**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robert L Raburn* **ROBERT L. RABURN 3-18-03**

CR2E037 (10/02)