

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90412 015 \*\*\*\*61.25

**DOCUMENT # N15381**

1. Entity Name

**POLK CITY ASSEMBLY OF GOD, INC.**

Principal Place of Business

**530 COMMONWEALTH  
P.O. BOX 356  
POLK CITY FL 33868**

Mailing Address

**530 COMMONWEALTH  
P.O. BOX 356  
POLK CITY FL 33868**

**00054586**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2733325**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HERNDON, DIANE  
4622 HARDEN BLVD  
LAKELAND FL 33813**

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 **PD**  Delete  
NAME **BILLINGSLEY, THOMAS**  
STREET ADDRESS **936 CLEARVIEW AVENUE**  
CITY-ST-ZIP **LAKELAND FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **CARTER, RON**  
STREET ADDRESS **5754 ST R 542W**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **VD**  Change  Addition  
NAME **DAVID BYRD**  
STREET ADDRESS **10138 SLAUGHTERHOUSE ROAD**  
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE **SD**  Delete  
NAME **CARTER, JOANNE**  
STREET ADDRESS **5754 ST R 542W**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE  Change  Addition  
NAME **205 S. GLENN AVE**  
STREET ADDRESS **LAKE ALFRED, FL 33850**  
CITY-ST-ZIP

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

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: *Joanne Carter* **SIGNATURE REQUIRED** **JOANNE CARTER**

4-27-01

863-984-1402

CR2E037 (10/00)