

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

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90040 005 ****61.25

0003150

DOCUMENT # N22993
1. Entity Name
MIDWAY FIRST ASSEMBLY OF GOD, INC.



Principal Place of Business Mailing Address
C/O DAVID L. LANG 5649 E. BAY BLVD.
5649 E. BAY BLVD 5549 E. BAY BLVD
GULF BREEAE 32563 GULF BREEZE FL 32563
US US

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 **59-2385380** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
LANG, DAVID L
5649 E. BAY BLVD.
GULF BREEZE FL 32563

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 Delete
NAME **TR ROBINSON, KENNETH**
STREET ADDRESS **2817 BRASSIE CIR**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TR EDDINS, VALFORD R**
STREET ADDRESS **1808 ABERCROMBIE RD.**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **ST KELLY, ANITA A**
STREET ADDRESS **GUSEMAN ROAD**
CITY-ST-ZIP **GULF BREEZE FL 32566**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TR BIELAWSKI**
STREET ADDRESS **ZIELAWSKI, SHERRILL**
CITY-ST-ZIP **1980 CHURCH STREET GULF BREEZE FL 32563**

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: **SIGNATURE REQUIRED** *[Signature]* Date **7/8/03** Daytime Phone # **(850) 932-3815**

CR2E037 (4/03)