

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90082 041 ****61.25

00009160



DO NOT WRITE IN THIS SPACE

DOCUMENT # N44133

1. Entity Name
FREEPORT ASSEMBLY OF GOD, INCORPORATED

Principal Place of Business P. O. BOX 670 U.S. HIGHWAY 331 SOUTH FREEPORT, FL.32439 32439	Mailing Address P. O. BOX 670 U.S. HIGHWAY 331 SOUTH FREEPORT, FL.32439 32439-0670
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number **59-2007867** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
GRIMES, REUBEN REV
17457 US HWY 331 SO
FREEPORT FL 32439

7. Name and Address of New Registered Agent
 Name **HARRY C. MILES**
 Street Address (P.O. Box Number is Not Acceptable) **17457 US Hwy 331 SO**
 City **Freeport FL** Zip Code **32439**

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 **Harry C. Miles** (Signature, typed or printed name of registered agent and title if applicable.)
 DATE _____ (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE NAME	D MILES, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	4811 PEANUT ROAD	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE NAME	D HILSEN, VIRGINIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 1062	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE NAME	D NILSEN, VIRGINIA	<input type="checkbox"/> Delete
STREET ADDRESS	P. O. BOX 1062 N/A	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE NAME	ST MILLER, BEVERLY	<input type="checkbox"/> Delete
STREET ADDRESS	7794 HIGHWAY 81 SOUTH	
CITY-ST-ZIP	RED BAY FL 32455	
TITLE NAME	P MILES, HARRY C	<input type="checkbox"/> Delete
STREET ADDRESS	4811 PEANUT ROAD	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME	D Ernest J Miller III	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	PO BOX 2045		
CITY-ST-ZIP	Red Bay FL 32455		
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			

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 correct to the best of my knowledge.

CR2E037 (9/99)