

DOCUMENT # N44133

1. Entity Name
FREEPORT ASSEMBLY OF GOD, INCORPORATED

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90145 020 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P. O. BOX 670 P. O. BOX 670
U.S. HIGHWAY 331 SOUTH U.S. HIGHWAY 331 SOUTH
FREEPORT FL 32439 FREEPORT FL 32439

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 59-2007867 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MILES, HARRY C
17457 US HWY 331 SO
FREEPORT FL 32439

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE	D <input type="checkbox"/> Delete
NAME	MILES, CAROL
STREET ADDRESS	4811 PEANUT ROAD
CITY-ST-ZIP	GRACEVILLE FL 32440
TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, ERNEST J III
STREET ADDRESS	PO BOX 2045
CITY-ST-ZIP	RED BAY FL 32455
TITLE	D <input type="checkbox"/> Delete
NAME	NILSEN, VIRGINIA
STREET ADDRESS	P. O. BOX 1062 N/A
CITY-ST-ZIP	FREEPORT FL 32439
TITLE	ST <input type="checkbox"/> Delete
NAME	MILLER, BEVERLY
STREET ADDRESS	7794 HIGHWAY 81 SOUTH
CITY-ST-ZIP	RED BAY FL 32455
TITLE	P <input type="checkbox"/> Delete
NAME	MILES, HARRY C
STREET ADDRESS	4811 PEANUT ROAD
CITY-ST-ZIP	GRACEVILLE FL 32440
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerry Griffith
STREET ADDRESS	171 Walton Bridge Rd
CITY-ST-ZIP	DEKUNIAK Springs FL 32455

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: *Beverly Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-01 850-836-4512
Date Daytime Phone #

CR2E037 (10/00)