

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90046 042 \*\*\*\*61.25

**DOCUMENT # N44133**

1. Entity Name

**FREEMPORT ASSEMBLY OF GOD, INCORPORATED**

Principal Place of Business

Mailing Address

P. O. BOX 670  
 U.S. HIGHWAY 331 SOUTH  
 FREEMPORT FL 32439

P. O. BOX 670  
 U.S. HIGHWAY 331 SOUTH  
 FREEMPORT FL 32439

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

**MILES, HARRY C**  
**17457 US HWY 331 SO**  
**FREEMPORT FL 32439**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILES, CAROL</b>	
STREET ADDRESS	<b>4811 PEANUT ROAD</b>	
CITY-ST-ZIP	<b>GRACEVILLE FL 32440</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, ERNEST J III</b>	
STREET ADDRESS	<b>PO BOX 2045</b>	
CITY-ST-ZIP	<b>RED BAY FL 32455</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NILSEN, VIRGINIA</b>	
STREET ADDRESS	<b>P. O. BOX 1062 N/A</b>	
CITY-ST-ZIP	<b>FREEMPORT FL 32439</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, BEVERLY</b>	
STREET ADDRESS	<b>7794 HIGHWAY 81 SOUTH</b>	
CITY-ST-ZIP	<b>RED BAY FL 32455</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MILES, HARRY C</b>	
STREET ADDRESS	<b>4811 PEANUT ROAD</b>	
CITY-ST-ZIP	<b>GRACEVILLE FL 32440</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFITH, GERRY</b>	
STREET ADDRESS	<b>171 WALTON BRIDGE RD</b>	
CITY-ST-ZIP	<b>PONCE DE LEON FL 32455</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2002 850-263-43  
 Date Daytime Phone # 88

CR2E037 (9/01)