


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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90171 030 ****61.25

DOCUMENT # N44133
1. Entity Name
FREPORT ASSEMBLY OF GOD, INCORPORATED



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

10009721



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2007867** Applied For
Not Applicable

Zip⁴ Country Zip Country

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

SIGNATURE *[Signature]* **HC miles** DATE **1-19-03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MILES, CAROL
STREET ADDRESS	4811 PEANUT ROAD
CITY-ST-ZIP	GRACEVILLE FL 32440
TITLE	D <input checked="" 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	D <input type="checkbox"/> Delete
NAME	GRIFFITH, GERRY
STREET ADDRESS	171 WALTON BRIDGE RD
CITY-ST-ZIP	PONCE DE LEON FL 32455

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMON DAVID
STREET ADDRESS	52 Beth LN
CITY-ST-ZIP	SANTAROSA BEACH, FL 32459
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tuttle John
STREET ADDRESS	62 E. Edgewater Dr.
CITY-ST-ZIP	Freeport, FL 32439
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	

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]* **Base Signature Required Y Mills** DATE **1-19-03** **850-836-4512**

CR2E037 (10/02)