

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90009 020 \*\*\*\*61.25

**DOCUMENT # N49875**

1. Entity Name

**AUBURN ASSEMBLY OF GOD OF CRESTVIEW, INC.**

Principal Place of Business

Mailing Address

**6144 HIGHWAY 85 NORTH  
 CRESTVIEW FL 32536  
 US**

**6144 HIGHWAY 85 NORTH  
 CRESTVIEW FL 32536  
 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

**59-2245018**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMSON, RONALD D  
 2628 CRICKET LANE  
 CRESTVIEW FL 32536**

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>EASTLACK, HOWARD</b>     |  |
| STREET ADDRESS | <b>8245 HWY 85 N</b>        |  |
| CITY-ST-ZIP    | <b>LAUREL HILL FL 32567</b> |  |
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WADE, LEONARD</b>        |  |
| STREET ADDRESS | <b>3880 BEARHEAD RD</b>     |  |
| CITY-ST-ZIP    | <b>CRESTVIEW FL 32536</b>   |  |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>CUNNINGHAM, ANTON</b>    |  |
| STREET ADDRESS | <b>6182 BARNES RD</b>       |  |
| CITY-ST-ZIP    | <b>CRESTVIEW FL 32536</b>   |  |
| TITLE          | <b>P</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>WILLIAMSON, RONALD</b>   |  |
| STREET ADDRESS | <b>2628 CRICKET LANE</b>    |  |
| CITY-ST-ZIP    | <b>CRESTVIEW FL 32536</b>   |  |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>WITHROW, RUSSELL</b>     |  |
| STREET ADDRESS | <b>6469 FLORIDA AVE</b>     |  |
| CITY-ST-ZIP    | <b>CRESTVIEW FL 32539</b>   |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MITCHEM, JERRY</b>      |  |
| STREET ADDRESS | <b>2626 CRICKET LANE</b>   |  |
| CITY-ST-ZIP    | <b>CRESTVIEW, FL 32536</b> |  |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>BARROW, DEWIE</b>       |  |
| STREET ADDRESS | <b>137 E. 4th Str</b>      |  |
| CITY-ST-ZIP    | <b>CRESTVIEW, FL 32539</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            |
| 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)(l), 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: *Ronald D. Williamson* **Ronald D. Williamson** 1/30/02 850-682-6357  
 Pastor

CR2E037 (9/01)