

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90039 021 ****61.25

DOCUMENT # **N9900000 5365**

1. Entity Name

WHITEHOUSE ASSEMBLY OF GOD, INC.

Principal Place of Business

**135 S. CHAFFEE ROAD
 JACKSONVILLE, FL 32220**

Mailing Address

**P.O. Box 698
 JACKSONVILLE, FL 32220**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-313 9378

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RANDY R. RICHARDSON (PRESIDENT)
 5173 CARTER SPENCER ROAD
 MIDDLEBURG, FL 32068**

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

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	RANDY R. RICHARDSON	
STREET ADDRESS	5173 CARTER SPENCER ROAD	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	VICE PRESIDENT / DIRECTOR	<input type="checkbox"/> Delete
NAME	FRED R. HENDRIX	
STREET ADDRESS	477 N. CELERY AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE	SECRETARY/TREASURER DIRECTOR	<input type="checkbox"/> Delete
NAME	DAVID H. THOMAS	
STREET ADDRESS	10453 OLD PLANK RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CURTIS R. NOWLIN	
STREET ADDRESS	1780 S. CHAFFEE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

Rev Randy R. Richardson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Date

904 695-0531
 Daytime Phone #

CR2E037 (9/99)