

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37217

1. Entity Name

PRAISE ASSEMBLY OF GOD, INC. OF HUDSON, FLA

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90047 032 ****61.25

Principal Place of Business

Mailing Address

C/O REV JACK L MARTIN
17920 MERIDIAN BLVD
HUDSON FL 34667
US

C/O REV JACK L MARTIN
17920 MERIDIAN BLVD
HUDSON FL 34667-5817
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

59-2720138

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

MARTIN, REV JACK L
17920 MERIDIAN BLVD.
HUDSON FL 34667

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 PD ☐ Delete
NAME MARTIN, REV JACK L
STREET ADDRESS 17920 MERIDIAN BLVD.
CITY-ST-ZIP HUDSON FL 34669

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VDT ☐ Delete
NAME LIST, FLOYD
STREET ADDRESS 7930 CALLAN COURT
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☒ Change ☐ Addition
NAME VOS
LIST, Floyd
STREET ADDRESS 7930 Callan Ct.
CITY-ST-ZIP New Port Richey, FL 34654

TITLE SD ☒ Delete
NAME RIVERA, JOEL
STREET ADDRESS 1851 DIXIE LANE
CITY-ST-ZIP HOLIDAY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KEENE, CLAYTON
STREET ADDRESS 13325 PARKWOOD ST
CITY-ST-ZIP HUDSON FL 34669

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DT
Carlos Dale Boone
STREET ADDRESS 18220 Retriever Rd.
CITY-ST-ZIP Brooksville, FL 34614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
Anthony Grossi
STREET ADDRESS 13380 Harold Ave.
CITY-ST-ZIP Spring Hill, FL 34609

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 *Rev Jack L. Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

727 863-8989

Daytime Phone #

CR2E037 (9/99)