

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16091

1. Entity Name

FIRST ASSEMBLY OF GOD OF KEYSTONE HEIGHTS, FLORI

Principal Place of Business

Mailing Address

8025 S.R. 100
HIGHWAY 100
KEYSTONE HEIGHTS FL 32656
US

8025 S.R. 100
HIGHWAY 100
KEYSTONE HEIGHTS FL 32656
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

59-3183534

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

PIPPIN, ROY KENNETH
HIGHWAY 100
KEYSTONE HEIGHTS FL

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
NAME PIPPIN, ROY K.
STREET ADDRESS CLOVER LANE 7699
CITY-ST-ZIP KEYSTONE HEIGHTS FL ☐ Delete

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

TITLE VD
NAME STANLEY, AARON
STREET ADDRESS 7689 YOSEMITE RD.
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☒ Delete

TITLE VD
NAME STANLEY, DEL
STREET ADDRESS 7358 CASLINE RD
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 ☒ Change ☐ Addition

TITLE SD
NAME PIPPIN, SUSAN C.
STREET ADDRESS CLOVER LANE 769
CITY-ST-ZIP KEYSTONE HEIGHTS FL ☐ Delete

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

TITLE D
NAME HARRISON, LARRY
STREET ADDRESS 7600 RANCHETTE RD.
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☐ Delete

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

TITLE D
NAME PRITCHARD, DWIGHT G
STREET ADDRESS 8475 NITTANY DR.
CITY-ST-ZIP MELROSE FL 32666 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90081 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

REQUIRE Roy K. PIPPIN, PD. 4-3-00 352-473-8432