

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005000

1. Entity Name

FIRST ASSEMBLY OF GOD OF CLERMONT, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90035 028 ****61.25

Principal Place of Business	Mailing Address
15550 CR 565 A CLERMONT FL 34711	P O BOX 121081 CLERMONT FL 34712-1081 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2966018	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SATTESAHN, EDWARD C
 938 W BROOME ST
 CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 15550 CR 565 A (Address change)

City CLERMONT FL Zip Code 34711

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 Edward C. Sattesahn, President Edward C. Sattesahn 3/1/2000
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SATTESAHN, EDWARD C	
STREET ADDRESS	13346 RAINBOW LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETRAY, DAVID	
STREET ADDRESS	10313 CARLSON CIR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCGOWAN, CAROLYN D	
STREET ADDRESS	230 OVERLOOK DR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WELBORN, JANITA	
STREET ADDRESS	BOX 1106, 106 SUMMERHILL CT	
CITY-ST-ZIP	MINNEOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, RICHARD	
STREET ADDRESS	4229 S. BLUFF LAKE RD.	
CITY-ST-ZIP	MASCOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, BOB	
STREET ADDRESS	201 CRESTVIEW DR.	
CITY-ST-ZIP	CLERMONT FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS MCGOWAN	
STREET ADDRESS	230 OVERLOOK DRIVE	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, BOB	
STREET ADDRESS	201 CRESTVIEW DR.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINGS, VINCE	
STREET ADDRESS	8 BAY RIDGE LOOP	
CITY-ST-ZIP	MASCOTTE, FL 34753	

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: Edward C. Sattesahn **REQUIRED** 3-1-2000 352-394-0394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)