

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90177 011 ****61.25

DOCUMENT # N16091

1. Entity Name

**FIRST ASSEMBLY OF GOD OF KEYSTONE HEIGHTS, FLORI
DA, INC.**



Principal Place of Business

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

Mailing Address

**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

4. FEI Number **59-3183534**

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

**GUIRATE, TONY
8025 HIGHWAY 100
KEYSTONE HEIGHTS FL 32656**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **GUIRATE, TONY**
STREET ADDRESS **P.O. BOX 1847**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE ☒ Change ☐ Addition
NAME **Fidler, Kris**
STREET ADDRESS **7029 Crystal Lake Rd**
CITY-ST-ZIP **Keystone Heights FL 32656**

TITLE **VD** ☐ Delete
NAME **STANLEY, DEL**
STREET ADDRESS **7358 GASLINE ROAD**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE ☒ Change ☐ Addition
NAME **Sindoreus, Gary**
STREET ADDRESS **5565 OR 352**
CITY-ST-ZIP **Keystone Heights FL 32656**

TITLE **D** ☐ Delete
NAME **CARTER, TOLLIE**
STREET ADDRESS **7686 OAK DRIVE**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

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

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

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

TITLE **D** ☒ Delete
NAME **FOX, KENNETH G**
STREET ADDRESS **7636 OAK DR**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

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

TITLE **Addition** ☐ Delete
NAME **Anderson, James**
STREET ADDRESS **1137 Orchid Avenue**
CITY-ST-ZIP **Keystone Heights FL 32656**

TITLE ☐ Change ☐ 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: [Signature] REQUIRED

CR2E037 (10/02)