

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90150 001 ****70.00

DOCUMENT # 701810

1. Entity Name

PALMETTO ASSEMBLY OF GOD INC

Principal Place of Business

1701 10TH ST W
 PALMETTO FL 34221

Mailing Address

1701 10TH ST W
 PALMETTO FL 34221

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

59-1959918

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRISS, TERRY R. SR.
701 17TH AVENUE, WEST
PALMETTO FL 34221

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 fee 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 **TD** ☒ Delete
 NAME **PORTER, CHERYL L**
 STREET ADDRESS **204 45TH STREET COURT, WEST**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Johnson, T. J.**
 STREET ADDRESS **1815 Bayshore Dr. PO Box 126**
 CITY-ST-ZIP **Terra Ceia, FL 34250**

TITLE **SD** ☐ Delete
 NAME **HALL, WILLIAM T**
 STREET ADDRESS **1504 EIGHTH STREET, WEST**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D** ☐ Change ☒ Addition
 NAME **Dowell, Carlton V.**
 STREET ADDRESS **3912 4th Ave. Blvd. E.**
 CITY-ST-ZIP **Palmetto, FL 34221**

TITLE **D** ☐ Delete
 NAME **LONGWELL, LARRY**
 STREET ADDRESS **420 49TH STREET, EAST BOX 57**
 CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **D** ☐ Delete
 NAME **PHILLIPS, MICHAEL**
 STREET ADDRESS **609 49TH STREET, EAST**
 CITY-ST-ZIP **BRADENTON FL 34208**

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

TITLE **VD** ☐ Delete
 NAME **DEDMON, LAVERNE**
 STREET ADDRESS **5211 15TH ST. WEST**
 CITY-ST-ZIP **PALMETTO, FL 00000**

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

TITLE **PDC** ☐ Delete
 NAME **BARRISS, TERRY R. SR.**
 STREET ADDRESS **701 17TH AVENUE, WEST**
 CITY-ST-ZIP **PALMETTO FL 34221**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01
 Date

941-722-6219
 Daytime Phone #

CR2E037 (10/00)