2002 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **702673** Mar 05, 2002 8:00 am 1. Entity Name Secretary of State VENICE ASSEMBLY OF GOD INCORPORATED 03-05-2002 90142 048 ****61.25 Principal Place of Business Mailing Address 695 CENTER ROAD 695 CENTER ROAD VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-2400467 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 'GRAY, GARY'A' 389 GULF BREEZE BLVD 389 Gulf BREEZE Blow. WILLOW RUN- - Zemous VENICE FL 34293 City 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 (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRAY, GARY A NAME STREET ADDRESS 289 GULF BREEZE BLVD STREET ADDRESS CITY-ST-ZIP VENICE FL City-St-Zip TITLE ☐ Delete ☐ Change ☐ Addition FORMAN, KENNETH C NAME NAME STREET ADDRESS 3189 BRIGHT ST STREET ADDRESS CITY-ST-7IP NORTH FORT FL 34287 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition CUBIRO, GILBERT CUADRO, Gilbert NAME NAME STREET ADDRESS 3450 ORANGE RD STREET ADDRESS UENICE, FL 34293 CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition MAUCK, WALTER NAME STREET ADDRESS 508 S. NAPONSIT DR STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP TITLE Delete KOUA, George Tr. 1246 FUNDY Rd TITLE ☐ Change ☐ Addition KERN, JEFE NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS 2160 W DOLPHIN DR

CAIN, DENIS

871 MOHAWK RD

VENICE FL 34293

ENGLEWOOD FL 34223

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

2-18-02 941-497-5683 Date 941-497-5683

☐ Change

☐ Addition