

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703292

1. Entity Name

FIRST ASSEMBLY OF GOD, INC. OF MELBOURNE, FLORID

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90016 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

REV. WILLIAM JOHN SMALL  
 2068 PINEAPPLE AVENUE  
 MELBOURNE FL 32935  
 US

801 MASTERSON ST.  
 MELBOURNE FL 32935  
 US

2. Principal Place of Business

Gary T. Cristofaro

3. Mailing Address

801 Mastersson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Zip

32935

Country

U.S.A.

Zip

Country

4. FEI Number

59-2393289

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMALL, WILLIAM J  
 1676 CADILLAC CIRCLES  
 MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name Cristofaro, Gary Thomas

Street Address (P.O. Box Number is Not Acceptable)

113 Kristi Drive

City Ind. Har. Bch

FL

Zip Code

32937

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**  
**After September 12, 2001, min. will be \$236.25**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	JOSEPH, JEFF	
STREET ADDRESS	399 LAKE VICTORIA DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, JEFFERY K	
STREET ADDRESS	399 LAKE VICTORIA CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, DAVID	
STREET ADDRESS	9000 SCARSDALE COURT C & D	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMALL, WILLIAM JOHN	
STREET ADDRESS	1676 CADILLAC CIRCLE SOUTH	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Robert Lowe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	204 Versailles Drive	
STREET ADDRESS	Melbourne Beach, FL 32951	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Spiritual Leader	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Cristofaro	
STREET ADDRESS	113 Kristi Drive	
CITY-ST-ZIP	Ind. Har. Bch. FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* JEFFERY K JOSEPH 8-23-01 321-254-0997

CR2E037 (5/01)