

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

02-25-2002 90039 027 ****61.25

DOCUMENT # 703292

1. Entity Name

FIRST ASSEMBLY OF GOD, INC. OF MELBOURNE, FLORID
A

Principal Place of Business

GARY T CRISTOFARO
2068 PINEAPPLE AVENUE
MELBOURNE FL 32935
US

Mailing Address

801 MASTERSON ST.
MELBOURNE FL 32935
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip
32935

Country

3. Mailing Address

801 Mastersson Street

Suite, Apt. #, etc.

City & State

U.S.A.



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

CRISTOFARO, GARY T
113 KRISTI DRIVE
IND HAR BCH FL 32937

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 title if applicable.

(NOTE: Registered Agent signature required when revoting)

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

TITLE	VD	☐ Delete
NAME	JOSEPH, JEFF	
STREET ADDRESS	388 LAKE VICTORIA DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	☐ Delete
NAME	LOWE, ROBERT	
STREET ADDRESS	204-VERSAILLES DR	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	TD	☐ Delete
NAME	THOMPSON, DAVID	
STREET ADDRESS	9000 SCARSDALE COURT C & D	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	SL	☐ Delete
NAME	CRISTOFARO, GARY	
STREET ADDRESS	113 KRISTI DRIVE	
CITY-ST-ZIP	IND HAR BCH FL 32937	
TITLE		☐ Delete
NAME	Brian Mahoney	
STREET ADDRESS	1991 Fall Oak	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME	Randy Ramirez	
STREET ADDRESS	555 Lake Victoria Circle	
CITY-ST-ZIP	Melbourne, FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME	Vice President	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	Secretary	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	Treasurer	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	Rev. Gary Cristofaro	
STREET ADDRESS	Same Address	
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME	Brian Mahoney	
STREET ADDRESS	1991 Fall Oak Road	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		☐ Change ☒ Addition
NAME	Assistant Treasurer	
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)(D), 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-02

Date

Daytime Phone #

CR2037 (9/01)