

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90126 001 ****61.25

DOCUMENT # 704718

1. Entity Name

**GALLOWAY ASSEMBLY OF GOD, INC., OF LAKELAND, FLO
 RIDA** ✓

Principal Place of Business

Mailing Address

**4405 N. GALLOWAY RD.
 LAKELAND FL 33810
 US**

**4405 N. GALLOWAY RD.
 LAKELAND FL 33810
 US**

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

59-2247709

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

**APPLEWHITE, DANIEL J
 4405 N GALLOWAY RD
 LAKELAND FL 33809**

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

Daniel J Applewhite

Pastor

7/3/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SMITH, DAVID	2916 SLEEPYHILL RD	LAKELAND FL	<input checked="" type="checkbox"/>
D	SAM FOX	1026 BURRISDRIDGE DR.	LAKELAND FL	<input type="checkbox"/>
ST	MILLER, CHARLOTTE	4312 PLEASANT WAY	LAKELAND FL	<input checked="" type="checkbox"/>
D	REYNOLDS, JAMES D.	3910 CHART PRINE RD.	LAKELAND FL	<input type="checkbox"/>
D	MILLER, JOEL	4312 PLEASANT WAY	LAKELAND FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Todd Miller	4955 Elton Crescent	Lakeland Florida 33810	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Ray Smith	2906 Chabett St.	Lakeland FL 33810	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST	Heather Applewhite	3535 Kathleen Rd	Lakeland Florida 33810	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (4/02)

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: Heather Applewhite Secretary 7/3/02 858-4471