


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90223 038 ****61.25

DOCUMENT # 704718

1. Entity Name
GALLOWAY ASSEMBLY OF GOD, INC., OF LAKE LAND, FLORIDA



Principal Place of Business Mailing Address
4405 N. GALLOWAY RD. **4405 N. GALLOWAY RD.**
LAKE LAND FL 33810 **LAKE LAND FL 33810**
US **US**

30007016



CHECK HERE IF MAKING CHANGES

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**

6. Name and Address of Current Registered Agent

APPLEWHITE, DANIEL J
4405 N GALLOWAY RD
LAKE LAND FL 33809

7. Name and Address of New Registered Agent

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.

Daniel J Applewhite **Pastor** **1-20-03**

SIGNATURE DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, TODD	
STREET ADDRESS	4955 ELON CRESANT	
CITY-ST-ZIP	LAKE LAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAM FOX	
STREET ADDRESS	1026 BURRISRIDGE DR.	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RAY	
STREET ADDRESS	2906 CHABETT ST	
CITY-ST-ZIP	LAKE LAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, JAMES D.	
STREET ADDRESS	3910 CHART PRINE RD.	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JOEL	
STREET ADDRESS	4312 PLEASANT WAY	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	APPLEWHITE, HEATHER	
STREET ADDRESS	3535 KATHLEEN RD	
CITY-ST-ZIP	LAKE LAND FL 33810	

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		<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		
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: *Heather Applewhite* **1-9-03** **803 858 4471**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)