

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704741

1. Entity Name

FIRST ASSEMBLE OF GOD, INC. OF LAKE CITY, FLORID

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90011 007 ****61.25

Principal Place of Business

2597 E. DUVAL ST.
LAKE CITY FL 32055

Mailing Address

2597 E. DUVAL ST.
LAKE CITY FL 32055-3647

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 **59-1502613**

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

SURGENER, DENVER REV.
RT 22 BOX 755
LAKE CITY FL 32024

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **CASON, GEORGIA**
STREET ADDRESS **RT 7, BOX 611**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ Change ☒ Addition
NAME **Ronnie Preston**
STREET ADDRESS **880 Waldron St.**
CITY-ST-ZIP **Lake City, FL 32025**

TITLE **D** ☒ Delete
NAME **RIVERS, WENDA**
STREET ADDRESS **616 W MADISON ST**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **D** ☐ Change ☒ Addition
NAME **Donald Kramer**
STREET ADDRESS **3211 Greg St.**
CITY-ST-ZIP **Lake City, FL 32025**

TITLE **D** ☐ Delete
NAME **GEORGE, NEBIE**
STREET ADDRESS **7 VICTORY CT**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **D** ☐ Change ☒ Addition
NAME **Dupree Ginn**
STREET ADDRESS **415 Payne Road**
CITY-ST-ZIP **Lake City, FL 32025**

TITLE **D** ☒ Delete
NAME **LUKER, FRANCES**
STREET ADDRESS **803 LAKEWOOD CIR**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ Change ☐ Addition
NAME **Christie, Dot**
STREET ADDRESS **Rt. 12, Box 770**
CITY-ST-ZIP **Lake City, FL 32025**

TITLE **ST** ☐ Delete
NAME **CHRISTIE, DOT**
STREET ADDRESS **ROUTE 6, BOX 426-C**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **D** ☐ Change ☐ Addition
NAME **ROBERTS, MARTHA**
STREET ADDRESS **PO BOX 220**
CITY-ST-ZIP **WORTHINGTON SPRINGS FL 32697**

TITLE **D** ☐ Delete
NAME **ROBERTS, MARTHA**
STREET ADDRESS **PO BOX 220**
CITY-ST-ZIP **WORTHINGTON SPRINGS FL 32697**

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:

Dot Christie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

904-752-2195

Date

Daytime Phone #

CR2E037 (9/99)