

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90537 006 \*\*\*\*61.25

814636



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 704741**

1. Entity Name

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

Principal Place of Business

**2597 E. DUVAL ST.  
 LAKE CITY FL 32055**

Mailing Address

**2597 E. DUVAL ST.  
 LAKE CITY FL 32055**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1502613**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PRESTON, RONNIE**  
 CITY-ST-ZIP **880 WALDRON ST  
 LAKE CITY FL 32025**

TITLE ☐ Change ☒ Addition  
 NAME **D.**  
 STREET ADDRESS **JEAN HARRISS**  
 CITY-ST-ZIP **3027 Castle Heights Dr.  
 Lake City, FL 32025**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **KRAMER, DONALD**  
 CITY-ST-ZIP **3211 GREG ST  
 LAKE CITY FL 32055**

TITLE ☐ Change ☒ Addition  
 NAME **D.**  
 STREET ADDRESS **PHILLIP TAYLOR**  
 CITY-ST-ZIP **Rt. 8, Box 732  
 Lake City, FL 32055**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DUPREE, GINN**  
 CITY-ST-ZIP **415 PAYNE ROAD  
 LAKE CITY FL 32025**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **CHRISTIE, DOT**  
 CITY-ST-ZIP **RT 12 BOX 770  
 LAKE CITY FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: Dot Christie**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/01**

**386-752-2195**

Date

Daytime Phone #

CR2E037 (10/00)