

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90054 049 \*\*\*\*61.25

**DOCUMENT # 704741**

1. Entity Name

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

Principal Place of Business

Mailing Address

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

**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

Zip

Country

Zip

Country

4. FEI Number

**59-1502613**

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

**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.

**Denver Surgener, Pastor**

SIGNATURE *Denver Surgener*

**1-8-02**

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 **PRESTON, RONNIE**  
STREET ADDRESS **880 WALDRON ST**  
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ Change ☒ Addition  
NAME **Nebie George**  
STREET ADDRESS **7 Victory Ct.**  
CITY-ST-ZIP **Lake City, FL 32055**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Phillip Taylor**  
STREET ADDRESS **RT. 8, Box 732**  
CITY-ST-ZIP **Lake City, FL 32055**

TITLE **D** ☐ Delete  
NAME **HARRISS, JEAN**  
STREET ADDRESS **3027 CASTLE HEIGHTS DR**  
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ Change ☒ Addition  
NAME **Tony Roberts**  
STREET ADDRESS **1030 S.W. 1st. Terrace**  
CITY-ST-ZIP **Lake Butler, FL 32054**

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

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

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

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

TITLE **D** ☒ Delete  
NAME **ROBERTS, MARTHA**  
STREET ADDRESS **PO BOX 220**  
CITY-ST-ZIP **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:

*Denver Surgener*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Denver Surgener

**1-8-02**

**386-752-2195**

Date

Daytime Phone #

CR2E037 (9/01)