2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704875

1. Entity Name

FIRST ASSEMBLY OF GOD, INC., OF PALATKA, FORIDA

FILED
Mar 13, 2000 8:00 am
Secretary of State
03-13-2000 90002 032 ****61.25

Principal Place of Business	Mailing Address
3111 ST. JOHNS AVENUE PALATKA FL 32177-4131	3111 ST. JOHNS AVENUE PALATKA FLA 32177-4131

DO NOT WRITE IN THIS SPACE

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 59-2240885 ☐ 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
HEILMAN, PHILIP A 107 MORNING STAR LANE PALATKA FL 32177	Name: ZIEGLER, TOM Street Address (P.O. Box Number is Not Acceptable): 100 PEAVINE CT City: PALATKA **FL** Zip Code: 32177

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 x Thomas K. Ziegler 2/28/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, DAVID 141 LAKE TRAIL RD INTERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT LEONARDI, RICK 104 PINECREST CIRCLE SAN MATEO, FL 32187	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, GRADY 155 TOMPKINS RD LAKE COMO FL 32157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROSE, STEVE 105 JOHN ST INTERLACHEN, FL 32148	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SELLERS, JEFF 3111 ST JOHNS AVE PALATKA, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GABORIAU, ANDRE 2812 LANE ST PALATKA FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HEILMAN, PHILIP A 107 MORNINGSTAR LANE PALATKA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ZIEGLER, TOM 100 PEAVINE CT. PALATKA, FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUNNING, WILLIAM S 208 DOGWOOD LN PALATKA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, SONNY RR5 BOX 6313 PALATKA, FL FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 3/1/00 (904)325-9927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #