

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0010298

DOCUMENT # 704875

1. Entity Name

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

03-08-2001 90106 009 ****61.25

Principal Place of Business

**3111 ST. JOHNS AVENUE
 PALATKA FL 32177-4131**

Mailing Address

**3111 ST. JOHNS AVENUE
 PALATKA FL 32177-4131**

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

**ZIEGLER, TOM
 100 PEAVINE CT
 PALATKA FL 32177**

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 **HARRIS, DAVID**
 STREET ADDRESS **141 LAKE TRAIL RD**
 CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **PD** ☒ Change ☐ Addition
 NAME **GRADY WALLACE**
 STREET ADDRESS **155 TOMPKINS RD**
 CITY-ST-ZIP **LAKE COMO FL 32157**

TITLE **D** ☐ Delete
 NAME **WALLACE, GRADY**
 STREET ADDRESS **155 TOMPKINS RD**
 CITY-ST-ZIP **LAKE COMO FL 32157**

TITLE **D** ☐ Change ☒ Addition
 NAME **BILLY DUNNING**
 STREET ADDRESS **131 ROUND LAKE CIRCLE**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **PD** ☒ Delete
 NAME **SELLERS, JEFF**
 STREET ADDRESS **3111 ST JOHNS AVE**
 CITY-ST-ZIP **PALATKA, FL 00000**

TITLE **T** ☐ Change ☒ Addition
 NAME **TED CALLAHAN**
 STREET ADDRESS **R R 5 BOX 8064**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **TT** ☐ Delete
 NAME **LEONARDI, RICK**
 STREET ADDRESS **104 PINECREST CIRCLE**
 CITY-ST-ZIP **SAN MATEO FL 32187**

TITLE **D** ☐ Change ☒ Addition
 NAME **ANDRE GABORIAU**
 STREET ADDRESS **P O BOX 2441**
 CITY-ST-ZIP **PALATKA FL 32178**

TITLE **T** ☒ Delete
 NAME **ROSE, STEVE**
 STREET ADDRESS **105 JOHN ST**
 CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **D** ☐ Change ☒ Addition
 NAME **PHIL HEILMAN**
 STREET ADDRESS **107 MORNING STAR LANE**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☒ Delete
 NAME **HALL, SONNY**
 STREET ADDRESS **RR5 BOX 6313**
 CITY-ST-ZIP **PALATKA, FL FL 32177**

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:

SIGNATURE REQUIRED

March 6, 2001 386/329-4359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)