

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-16-2000 90015 042 ****61.25

DOCUMENT # 708110

1. Entity Name

FIRST ASSEMBLY OF GOD, INC. OF FROSTPROOF, FLORI

Principal Place of Business

Mailing Address

333 E. B. ST.
 P.O. BOX 247
 FROSTPROOF FL 33843

333 E. B. ST.
 P.O. BOX 247
 FROSTPROOF FL 33843-0247



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2369998

Applied For

Not Applied

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

GALATI, KELLY P.
335 E. B. ST.
FROSTPROOF FL 33843

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	VD	<input type="checkbox"/> Delete
NAME	GALATI, KELLY P.	
STREET ADDRESS	335 W. F STREET	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATERS, RALPH	
STREET ADDRESS	300 W. 8TH ST.	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCH, RAYMOND L.	
STREET ADDRESS	175 OVEROCKER CIR.	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MAULDIN, GWENDOLYN J.	
STREET ADDRESS	11 SANDY LANE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TUCKER, CONNIE	
STREET ADDRESS	241 TURKEY OAK TRAIL	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	RESPRESS, GRADY	
STREET ADDRESS	801 CLINCH LAKE BLVD.	
CITY-ST-ZIP	FROSTPROOF FL 33843	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Galati, Kelly P.	
STREET ADDRESS	335 West B Street	
CITY-ST-ZIP	Frostproof, FL 33843	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Terry Ogburn	
STREET ADDRESS	903 Old Avon Park Road	
CITY-ST-ZIP	Frostproof, FL 33843	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Harley Carter	
STREET ADDRESS	909 Old Avon Park Road	
CITY-ST-ZIP	Frostproof, FL 33843	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kelly P. Galati 2/2/00 863-635-2114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #