

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90043 018 ****61.25

DOCUMENT # 711393

1. Entity Name

SKYVIEW ASSEMBLY OF GOD, INC.

Principal Place of Business

3330 SKYVIEW DR
 LAKE LAND FL 33801

Mailing Address

1515 CRESCENT PLACE
 LAKE LAND FL 33801-6603
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1715

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland, Florida

Zip

Country

U.S.

Zip

33801

Country

U.S.

4. FEI Number

59-2240658

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

SCOTT CALDWELL
1701 W PARKER ST
LAKE LAND FL 33801

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 **T** ☒ Delete
 NAME **BISHOP, SARAH L**
 STREET ADDRESS **1515 CRESCENT PLACE**
 CITY-ST-ZIP **LAKE LAND FL 33801**

TITLE **T** ☒ Change ☐ Addition
 NAME **FAYE Shelton**
 STREET ADDRESS **4623 Highlands Place Dr.**
 CITY-ST-ZIP **Lakeland, Florida 33813**

TITLE **P** ☒ Delete
 NAME **BISHOP, JOHN**
 STREET ADDRESS **1515 CRESCENT PL**
 CITY-ST-ZIP **LAKE LAND FL**

TITLE **P** ☒ Change ☐ Addition
 NAME **DAVIS, SCOTT R.**
 STREET ADDRESS **2600 HARDEN BLVD #351**
 CITY-ST-ZIP **LAKE LAND, FLORIDA 33803**

TITLE **D** ☒ Delete
 NAME **CREW, ROSALYN**
 STREET ADDRESS **426 HAMPTON AVE**
 CITY-ST-ZIP **LAKE LAND FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Royce Shelton**
 STREET ADDRESS **4623 Highlands Place Dr.**
 CITY-ST-ZIP **Lakeland, Florida 33813**

TITLE **SD** ☐ Delete
 NAME **SCOTT CALDWELL**
 STREET ADDRESS **1701 W PARKER ST**
 CITY-ST-ZIP **LAKE LAND FL 33801**

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

TITLE **D** ☒ Delete
 NAME **MCRAW, SHERRY**
 STREET ADDRESS **1515 CRESCENT PL**
 CITY-ST-ZIP **LAKE LAND FL 33801**

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

TITLE **D** ☐ Delete
 NAME **ELLER, RICHARD Z**
 STREET ADDRESS **1610 RRYNOLDS RD #219**
 CITY-ST-ZIP **LAKE LAND FL 33801**

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: **ROSEMARY L. DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

863-665-5038

Date

Daytime Phone #

CR2E037 (10/00)