

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713469

1. Entity Name

ORANGE PARK ASSEMBLY OF GOD, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90040 034 ****61.25

Principal Place of Business

1324 KINGSLEY AVE.
ORANGE PARK FL. 32073

Mailing Address

1324 KINGSLEY AVE.
ORANGE PARK FL. 32073-4508

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1432897**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, R. HUNT
467 KEVIN DRIVE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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

| | | |
|----------------|-----------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | THOMAS, NORMAN E | |
| STREET ADDRESS | 56 FOX VALLEY DRIVE | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SMITH, JEANETTE | |
| STREET ADDRESS | 3172 MOODY AVE | |
| CITY-ST-ZIP | ORANGE PARK FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BRANNEN, ROY K | |
| STREET ADDRESS | 2675 RUSSELL ROAD | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL 32043 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CUNNINGHAM, R. HUNT | |
| STREET ADDRESS | 467 KEVIN DRIVE | |
| CITY-ST-ZIP | ORANGE PARK FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|---|
| TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WRIGHT, WILLIAM | |
| STREET ADDRESS | 2935 Birdsong Way | |
| CITY-ST-ZIP | Green Cove Springs, FL 32043 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: R. Hunt Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 (904) 264-5961

Date Daytime Phone #

CR2E037 (9/99)