

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90045 046 ****61.25

0007298

DOCUMENT # 713469

1. Entity Name

ORANGE PARK ASSEMBLY OF GOD, INC.

Principal Place of Business

**1324 KINGSLEY AVE.
ORANGE PARK FL 32073**

Mailing Address

**1324 KINGSLEY AVE.
ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1432897

Applied For

Not Applicable

Zip

Country

Zip

Country

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** ☐ Delete
NAME **WRIGHT, WILLIAM**
STREET ADDRESS **2935 BIRDSONG WAY**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **T** ☐ Delete
NAME **SMITH, JEANETTE**
STREET ADDRESS **3172 MOODY AVE**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **SD** ☐ Delete
NAME **BRANNEN, ROY K**
STREET ADDRESS **2675 RUSSELL ROAD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **PD** ☐ Delete
NAME **CUNNINGHAM, R. HUNT**
STREET ADDRESS **467 KEVIN DRIVE**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hunt Cunningham

4-11-01 (904) 264-5961

Date

Daytime Phone #

CR2E037 (10/00)