2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # 715414** 1. Entity Name FIRST ASSEMBLY OF GOD OF DELAND, INC. 03-01-2001 91348 015 ****61.25 Mailing Address Principal Place of Business 1500 E. INTERNATIONAL SPEEDWAY! BLVD. 1500 E. INTERNATIONAL SPEEDWAY BLVD. DELAND FL 32724 DELAND FL 32724 3. Mailino Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc. City & State 4. FEI Number Applied For City & State 59-6224702 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MODICA, MICHAEL 4390 GRANT ST **DELTONA FL 32725** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE ☐ Delete TITLE MODICA, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 4390 GRANT ST CITY-ST-ZIP CITY-ST-ZIP DELAND FL ☐ Change ☐ Addition TITLE DT Delete TITLE NAME YOUNGQUIST, RALPH NAME STREET ADDRESS STREET ADDRESS 2393 OAK PARK RD CITY-ST-ZIP CITY-ST-ZIP **DELAND FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HAWKINS, CARL NAME STREET ADDRESS STREET ADDRESS 891 CRITTENDEN AVE. CITY-ST-ZIP CITY-ST-ZIP **ORANGE CITY FL** Delete TITLE ☐ Change Addition TITLE Cochran, William 736 Brain Wood Ct. HALE, DANIEL W. NAME NAME STREET ADDRESS STREET ADDRESS 2070 TANGLEWOOD LANE Orange City, FL 32763 CITY-ST-ZIP CITY-ST-ZIP **DELAND FL** Delete TITLE Change ■ Addition D TITLE Gruz, Robert 132 W. Voorhis Ave. NAME NAME RYLE, JAMES STREET ADDRESS STREET ADDRESS 2025 GLENWOOD HAMMOCK RD CITY-ST-ZIP Deland, EL 32720 CITY-ST-ZIP GLENWOOD FL 32722 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01

1(386) 736-2948

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