

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721702

1. Entity Name

FIRST ASSEMBLY OF GOD, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90121 044 ****61.25

Principal Place of Business

2740 E MICHIGAN STREET
ORLANDO FL 32806

Mailing Address

2740 E MICHIGAN STREET
ORLANDO FL 32806-5708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1552046

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROLEY, STEPHEN D
3843 BRANDY STREET
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name **Stephen D. Croley**
Street Address (P.O. Box Number is Not Acceptable)
5101 Jetsail Drive
City **Orlando** FL Zip Code **32812**

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	PD	<input type="checkbox"/> Delete
NAME	CROLEY, STEPHEN D	
STREET ADDRESS	5101 JETSAIL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BAKER, GARY	
STREET ADDRESS	5953 PARKVIEW POINT RD	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPAIN, GORDON	
STREET ADDRESS	2912 E MICHIGAN ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DANIELS, SCOTT	
STREET ADDRESS	5526 SANDALWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32839	
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	<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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)