2002 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2002 8:00 am Secretary of State DOCUMENT # **727102** 1. Entity Name 03-26-2002 90085 030 ****61.25 BRENTWOOD ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address 4901 NORTH PALAFOX HIGHWAY **4901 NORTH PALAFOX HIGHWAY** P O BOX 8179 P O BOX 8179 PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address 4901 NORTH PALAFOX HWY 4901 NORTH PALAFOX HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2276681 PENSACOLA, FL PENSACOLA, Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required ESCAMBIA 32505 ESCAMBIA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISHER, WALTER D. Street Address (P.O. Box Number is Not Acceptable) 2299 B-2 SCENIC HWY. OWENS, ADRIAN 1458 N BLUE ANGEL PARKWAY PENSACOLA FL 32506 32503 PENSACOLA 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. 3-13-02 ADRIAN OWENS SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (10/6) TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCGRAW, GORDON NAME NAME STREET ADDRESS 11 EDGE WATER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete TITLE ☐ Change ▼ Addition TOMPKINS, ANDREW NAME NAME FISHER, WALTER D. 3725 ROLLING ACRES RD STREET ADDRESS STREET ADDRESS 2299 B-2 SCENIC HWY. CITY-ST-ZIP MULTÓN FL 32571 CITY-ST-ZIP PENSACOLA FL 32503 TITLE TITLE Change Addition ☐ Delete NAME STOREY, TOM NAME STREET ADDRESS 300 WEST ROSALYN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 Addition ☐ Delete TITLE ☐ Change TITLE owens, adrian COX, ROBERT NAME NAME 1458 N. BLUE ANGEL PKWY STREET ADDRESS STREET ADDRESS 5306 BRISTOL AVE. PENSACOLA, FL 32505 CITY-ST-ZIP CITY-ST-ZIP Pensacola FL 32506 ☐ Change D, T WELCH, CLAUDE T. **Addition** TITLE ☐ Defete TITLE thom**pson_**earl NAME NAME 558 E NINE MILE-RD LOT 24 5750 FRANK REEDER RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PENSACOLA FL 32514** CITY-ST-ZIP PENSACOLA, FL 32526 ☐ Delete TITLE Change ★ Addition TITLE ODOM, DAVID BROWN, DAVID NAME NAME 10900 TARA DAWN CIR STREET ADDRESS STREET ADDRESS 1601 CONDER DR. CITY-ST-ZIP PENSACOLA FL 32534 CITY-ST-ZIP CANTONMENT, FL 32533

FILED

SIGNATURE: Washend Typed or Printed Name of Signing Officer or Director

12. I hereby certify that the information supplied with this filling 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.