

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90050 048 ****66.25

DOCUMENT # 727250

1. Entity Name

THE FIRST ASSEMBLY OF GOD OF ARCADIA, INC.

Principal Place of Business

**201 N 11TH AVE
 ARCADIA FL 34266
 US**

Mailing Address

**201 N 11TH AVE
 ARCADIA FL 34266
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1899982**

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

7. Name and Address of New Registered Agent

**BRANCH, WALTER T
 403 E. PINE ST
 ARCADIA FL 34266**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete
 NAME **CLAY, JAMES**
 STREET ADDRESS **6282 NNE RANCH DR**
 CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE **T** ☐ Delete
 NAME **VAN AKEN, JEFF**
 STREET ADDRESS **2884 NW CR 661**
 CITY-ST-ZIP **ARCADIA, FL 00000 34266**

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

TITLE **D** ☐ Delete
 NAME **BRANCH, WALTER T**
 STREET ADDRESS **403 E PINE ST**
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **PRES.** ☒ Change ☐ Addition
 NAME **Branch, Walter T**
 STREET ADDRESS **403 East Pine St**
 CITY-ST-ZIP **34266**

TITLE **D** ☐ Delete
 NAME **HAUPT, DAN**
 STREET ADDRESS **1423 SE CR 760A**
 CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE **D** ☐ Delete
 NAME **MARES, CHAR**
 STREET ADDRESS **1487 NE LEE DR**
 CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jeff VanAken

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-21-02

863 494 0616

CR2E037 (9/01)