

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730578

1. Entity Name

FIRST ASSEMBLY OF GOD OF CRESTVIEW, INC.

Principal Place of Business

Mailing Address

400 S FERDON BLVD.
CRESTVIEW FL 32536

400 S FERDON BLVD.
CRESTVIEW FL 32536-4236

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

58-1025970

Applied For

Not Applicable

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

JERRELL, GORDON
485 RIDGELAKE RD
CRESTVIEW FL 32536

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 CD ☐ Delete
NAME JERRELL, GORDON
STREET ADDRESS 485 RIDGELAKE RD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE D ☐ Change ☒ Addition
NAME Holcomb, JASON
STREET ADDRESS 401 Northview Ave
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE T ☐ Delete
NAME SUNDAY, BETTY J
STREET ADDRESS 7255 BILL LUNDY RD
CITY-ST-ZIP LAUREL HILL FL 32567

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

TITLE D ☐ Delete
NAME BATSON, LEON
STREET ADDRESS 5980 LINENE DRIVE
CITY-ST-ZIP CRESTVIEW FL 32536

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

TITLE S ☐ Delete
NAME THOMPSON, JOHN
STREET ADDRESS 5861 DEERMONT DR
CITY-ST-ZIP CRESTVIEW FL 32539

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

TITLE D ☐ Delete
NAME SAPP, ODIS
STREET ADDRESS 5805 SAPP RD
CITY-ST-ZIP CRESTVIEW FL 32539

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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-00

850-682-3518

Date

Daytime Phone #

CR2E037 (9/99)