

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90124 041 \*\*\*\*61.25

2/18/00

**DOCUMENT # 730578**

1. Entity Name

**FIRST ASSEMBLY OF GOD OF CRESTVIEW, INC.**

Principal Place of Business

**400 S FERDON BLVD.  
CRESTVIEW FL 32536**

Mailing Address

**400 S FERDON BLVD.  
CRESTVIEW FL 32536**

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 JERRELL GORDON CD x *Jerrill Gordon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-01

**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 **WARD, RON - DEACON** ☐ Change ☒ Addition  
NAME **WARD, RON**  
STREET ADDRESS **804 CLOVERVIEW**  
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 **DEACON** ☐ Change ☒ Addition  
NAME **LAWSON, Russell**  
STREET ADDRESS **7061 Hwy 393**  
CITY-ST-ZIP **LAUREL Hill FL 32567**

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 **D** ☐ Delete  
NAME **HOLCOMB, JASON**  
STREET ADDRESS **401 NORTHVIEW AVE**  
CITY-ST-ZIP **CRESTVIEW FL 32536**

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: *Jerrill Gordon* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date

850-682-3518

Daytime Phone #

CR2E037 (10/00)