

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90200 037 ****61.25

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JERRELL, GORDON
485 RIDGELAKE RD
CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

Name

LAWSON, Russell

Street Address (P.O. Box Number is Not Acceptable)

7061 HWY 393

City

LAUREL HILL

FL

Zip Code

32567

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Russell A. Lawson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7 May 2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	JERRELL, GORDON	
STREET ADDRESS	485 RIDGELAKE RD	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUNDAY, BETTY J	
STREET ADDRESS	7255 BILL LUNDY RD	
CITY-ST-ZIP	LAUREL HILL FL 32567	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, RUSSELL	
STREET ADDRESS	7061 HWY 393	
CITY-ST-ZIP	LAUREL HILL FL 32567	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, JOHN	
STREET ADDRESS	5861 DEERMONT DR	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAPP, ODIS	
STREET ADDRESS	5805 SAPP RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLCOMB, JASON	
STREET ADDRESS	401 NORTHVIEW AVE	
CITY-ST-ZIP	CRESTVIEW FL 32536	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CADENHEAD, JERRY PAUL	
STREET ADDRESS	6189 WILKINSON DR	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MARK	
STREET ADDRESS	329 SKYLINE CIR	
CITY-ST-ZIP	CRESTVIEW FL 32539	
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		
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:

Russell A. Lawson

7 May 2003

(850) 682-3518

CR2E037 (10/02)