

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730670

1. Entity Name

FIRST ASSEMBLY OF GOD, INC., OF TARPON SPRINGS,

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90048 025 ****61.25

Principal Place of Business Mailing Address
 550 E. TARPON AVE. 550 E. TARPON AVE.
 P. O. BOX 96 P. O. BOX 96
 TARPON SPRINGS FLORIDA 34689-4324 TARPON SPRINGS FLORIDA 34689-4324

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2722093 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

JOHNSON, C.M. REV
 5102 ROANOKE DR
 HOLIDAY FL 34690

Name
 Street Address (P.O. Box Number is Not Acceptable)
 550 E. TARPON AVE
 City FL Zip Code
 TARPON SPRINGS 34689

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 DATE
 Rev. C. M. Johnson 4/17/00

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	D	<input type="checkbox"/> Delete
NAME	HARRIS, ROY	
STREET ADDRESS	P.O. BOX 698, 297 N. MAYO	
CITY-ST-ZIP	CRYSTAL BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BATEMAN, TROY	
STREET ADDRESS	5053 STARDAL DRIVE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCARTHY, JIM	
STREET ADDRESS	1400 CLUB DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, JOE	
STREET ADDRESS	1120 MAYBURY	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAUST, REON	
STREET ADDRESS	2006 CEMETERY RD.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, CHAS. M.	
STREET ADDRESS	5102 ROANOKE DR	
CITY-ST-ZIP	HOLIDAY FL	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	550 E. TARPON AVE.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	550 E. TARPON AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

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: DATE DAYTIME PHONE #
 Rev. C. M. Johnson 4/17/00 727-937-5271

CR2E037 (9/99)