2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003
Secretary of State

DOCUMENT# 730670

Entity Name: FIRST ASSEMBLY OF GOD, INC., OF TARPON SPRINGS, FLORIDA

Current Principal Place of Business:

550 E. TARPON AVE.
P. O. BOX 96
TARPON SPRINGS, FL 346894324

New Principal Place of Business:

Current Mailing Address:

550 E. TARPON AVE.
P. O. BOX 96
TARPON SPRINGS, FL 346894324

New Mailing Address:

FEI Number: 59-2722093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, C.M. REV
550 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HARRIS, ROY	
Address:	550 EAST TARPON AVENUE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	T	( ) Delete
Name:	BATEMAN, TROY	
Address:	550 EAST TARPON AVENUE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	S	( ) Delete
Name:	MCCARTHY, JIM	
Address:	550 EAST TARPON AVENUE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	D	( ) Delete
Name:	CLARK, JOE	
Address:	550 EAST TARPON AVENUE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	D	( ) Delete
Name:	MAUST, REON	
Address:	550 EAST TARPON AVENUE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	P	( ) Delete
Name:	JOHNSON, CHAS. M.,	
Address:	550 EAST TARPON AVENUE	
City-St-Zip:	TARPON SPRINGS, FL 34689	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	PETERS, RON	
Address:	550 EAST TARPON AVENUE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M. JOHNSON P 02/26/2003

Electronic Signature of Signing Officer or Director — Date