

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90375 015 ****61.25

DOCUMENT # 731764

1. Entity Name

FIRST ASSEMBLY OF GOD CHURCH OF DEFUNIAK SPRINGS

Principal Place of Business

568 VAN BUREN AVE
 DEFUNIAK SPRINGS FL 32433
 US

Mailing Address

P.O. BOX 759
 DEFUNIAK SPRINGS FL 32433
 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2328319

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JONES, FRANCES
 2335 WARD RD
 DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name JAMES LORENZ
 Street Address (P.O. Box Number is Not Acceptable)
3567 CTY HWY 280 E
 City Defuniak Springs FL Zip Code 32433

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: JAMES LORENZ D JLL
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-23-01
 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	D	<input type="checkbox"/> Delete
NAME	DOTSON, RAINEY	
STREET ADDRESS	135 S SHORELINE CIR	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JONES FRANCES,	
STREET ADDRESS	2355 WARD RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENTZ, KENNETH	
STREET ADDRESS	260 LORENZ DR	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZ, JAMES	
STREET ADDRESS	3567 CTY HWY 280 E	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	Ken Sharpe D	<input type="checkbox"/> Delete
NAME	568 VAN BUREN	
STREET ADDRESS	Defuniak Springs, FL 32433	
TITLE		<input type="checkbox"/> Delete
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
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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: RAINEY DOTSON 4-23-01 850-892-9598

CR2E037 (10/00)