

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90082 020 \*\*\*\*61.25

**DOCUMENT # 732083**

1. Entity Name

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

Principal Place of Business

1912 S. KINGS RD.  
 CALLAHAN FL 32011  
 US

Mailing Address

PO DRAWER O  
 CALLAHAN FL 32011  
 US

00022913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P. O. Box 5026

Suite, Apt. #, etc.

City & State  
 Callahan, Fl

Zip  
 32011

Country

4. FEI Number

59-2065865

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HEALY, PAUL J., ESQ.  
 1830 ATLANTIC BLVD  
 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	D KEARNS, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. DRAWER AE	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE NAME	T DAVIS, SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS	4798 PINERIDGE DR	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE NAME	P PHINAZEE, HERBERT W	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 838 N/A	
CITY-ST-ZIP	CALLAHAN FL	
TITLE NAME	T LOYD, CORRIGAN	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 452	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE NAME	T JOHNSON, RUDY	<input type="checkbox"/> Delete
STREET ADDRESS	RT 5 BOX 9640	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE NAME	D SELF, SHERRIL	<input type="checkbox"/> Delete
STREET ADDRESS	P. O. BOX 247	
CITY-ST-ZIP	CALLAHAN FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D DAVIS, SCOTT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4798 Pineridge Dr.	
CITY-ST-ZIP	Callahan, Fl 32011	
TITLE NAME	T GIBSON, JIMMY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3593 Catherine Drive	
CITY-ST-ZIP	Callahan, Fl 32011	
TITLE NAME	D PEACOCK, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Rt. 5 Box 9676	
CITY-ST-ZIP	Callahan, Fl 32011	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

Herbert Phinazee

SIGNATURE:

*Herbert Phinazee* Pastor

2-26-01

904-879-1833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)