

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90100 036 ****61.25

DOCUMENT # 733773

1. Entity Name
FIRST ASSEMBLY OF GOD, INC., OF DUNDEE, FLORIDA



Principal Place of Business

**106 1ST ST
PO BOX 1687
DUNDEE FL 33838
US**

Mailing Address

**POB 1687
PO BOX 1687
DUNDEE FL 33838
US**

11009014



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2903939**

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

7. Name and Address of New Registered Agent

**REVELL, DAVID M
1200 BURLINGTON COURT
AUBURNDALE FL 33823**

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

SIGNATURE: **DAVID M. REVELL**

(NOTE: Registered Agent signature required when reinstating)

05 MAR 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **REVELL, DAVID M**
STREET ADDRESS **1200 BURLINGTON CT**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ED** ☒ Delete
NAME **MARZCAN, RALPH E**
STREET ADDRESS **5643 STRUTHERS COURT SE**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ED** ☐ Delete
NAME **BLOOMQUIST, FLOYD**
STREET ADDRESS **2471 WINTERSET RD**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ED** ☒ Delete
NAME **MEEK, GAREY**
STREET ADDRESS **3772 RED OAK COURT**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **CHRISTINA POURROY**
STREET ADDRESS **7148 PEBBLE PASS LOOP**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **DAVID M. REVELL**

05 MAR 03 439-5402 (863)

CR2E037 (10/02)