

**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 Mailing Address

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

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

11009014



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2903939** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

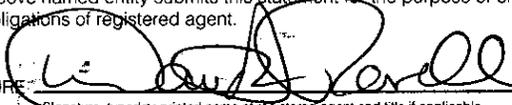
7. Name and Address of New Registered Agent

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

SIGNATURE:  **DAVID M. REVELL** **05 MAR 2003**

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 Florida Department of State

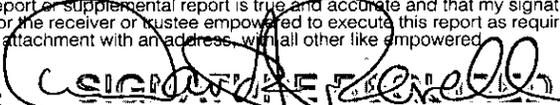
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REVELL, DAVID M	
STREET ADDRESS	1200 BURLINGTON CT	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	MARZCAN, RALPH E	
STREET ADDRESS	5643 STRUTHERS COURT SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	ED	<input type="checkbox"/> Delete
NAME	BLOOMQUIST, FLOYD	
STREET ADDRESS	2471 WINTERSET RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	MEEK, GAREY	
STREET ADDRESS	3772 RED OAK COURT	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINA POURROY	
STREET ADDRESS	7148 PEBBLE PASS LOOP	
CITY-ST-ZIP	LAKELAND, FL 33809	
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:  **DAVID M. REVELL** **05 MAR 03** **439-5902** **(863)**

CR2E037 (10/02)