

2002 UNIFORM BUSINESS REPORT (UBR)

3

FILED
May 01, 2002 8:00 am
Secretary of State

03-28-2002 90359 036 ****61.25

DOCUMENT # 734282

1. Entity Name

ARLINGTON ASSEMBLY OF GOD, INC.

Principal Place of Business

Mailing Address

**88 ARLINGTON ROAD
 JACKSONVILLE FL 32211**

**88 ARLINGTON ROAD
 JACKSONVILLE FL 32211**

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 **59-1512672**

Applied For

Not Applicable

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

**WARREN, JULIAN
 345 E FORSYTH ST
 JACKSONVILLE FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Delete
 NAME **RAWLS, ROCK**
 STREET ADDRESS **632 BARBADOS ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Allen Suggs**
 STREET ADDRESS **4539 Revelstoke Dr.**
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **DP** ☐ Delete
 NAME **CROOK, RICK E**
 STREET ADDRESS **4026 SBEL DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

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

TITLE **MORRISON, VIRGINIA** ☐ Delete
 NAME **4917 TOP ROYAL LANE**
 STREET ADDRESS **JACKSONVILLE FL 32277**

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

TITLE **S** ☒ Delete
 NAME **COURSON, THELMA**
 STREET ADDRESS **8418 LENCZYK DR**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☒ Change ☐ Addition
 NAME **Brenda Richards**
 STREET ADDRESS **6643 Brandemere Rd.**
 CITY-ST-ZIP **Jacksonville, FL. 32211**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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)(l), 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:

Rick E. Crook

Date

3/13/02 904-724-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)