

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735682

1. Entity Name

SPACE COAST ASSEMBLY OF GOD, INC.

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90239 036 ****61.25

Principal Place of Business

3155 SOUTH ST
TITUSVILLE FL 32780

Mailing Address

3155 SOUTH ST
TITUSVILLE FL 32780

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

59-2237922

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

Name

MARK LITTLE

Street Address (P.O. Box Number is Not Acceptable)

2610 TOMOKA AVE.

City

TITUSVILLE

FL

Zip Code

32780

→
GRIFFIN, HARRELL
996 MARCO ROAD
COCOA FL 32927

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]

PASTOR / PRESIDENT OF CORP. 7-26-01

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 D
NAME BRIDGES, STEVE ☐ Delete
STREET ADDRESS 1535 JUSTIN CT
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE SD
NAME GRIFFIN, HARRELL ☐ Delete
STREET ADDRESS 996 MACCO RD
CITY-ST-ZIP COCOA FL 32927

TITLE TD ☒ Delete
NAME ~~FARMER, LYNN~~
STREET ADDRESS ~~4039 SONG DR~~
CITY-ST-ZIP ~~COCOA FL 32927~~

TITLE D
NAME SCHEDLER, RICHARD ☐ Delete
STREET ADDRESS 611 HILLCREST AVE
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE TD ☐ Delete
NAME FRANCIS, STANLEY
STREET ADDRESS 3618 BRIARCLIFF WAY
CITY-ST-ZIP MIMS, FL 32754

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME TO FRANCIS, STANLEY
STREET ADDRESS 3618 BRIARCLIFF WAY
CITY-ST-ZIP MIMS, FL. 32754

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

[Signature]

REQUIRED

7-26-01

321-267-2455

CR2E037 (5/01)