

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90139 045 ****61.25

DOCUMENT # 739133

1. Entity Name

FIRST ASSEMBLY OF GOD, RIVERVIEW, FL, INC.



Principal Place of Business

**6605 KRYCUL AVENUE
P.O. BOX 1086
RIVERVIEW FL 33569**

Mailing Address

**6605 KRYCUL AVENUE
P.O. BOX 1086
RIVERVIEW FL 33569**

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 **51-4440039**

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

**COLLINS, REV. KEN
6605 KRYCUL AVENUE
RIVERVIEW FL 33569**

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 **Kenneth Collins Pastor**

4-22-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete
NAME **HAMBLE, SIOMARA**
STREET ADDRESS **10214 TARRAGON DR**
CITY-ST-ZIP **RIVERVIEW FL**

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

TITLE **D** ☒ Delete
NAME **BRYANT, JOE**
STREET ADDRESS **8813 DYER RD**
CITY-ST-ZIP **RIVERVIEW FL**

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

TITLE **D** ☐ Delete
NAME **COLLINS, KENNETH D**
STREET ADDRESS **828 PEBBLEWOOD DR**
CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE **P** ☐ Delete
NAME **COLLINS, REV KEN**
STREET ADDRESS **6605 KRYCUL AVE**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE ☐ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP **33569**

TITLE **T** ☐ Delete
NAME **COLEMAN, HUBERT**
STREET ADDRESS **8817 DYER ROAD**
CITY-ST-ZIP **RIVERVIEW FL 33569**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition
NAME **Andreano, Steven**
STREET ADDRESS **8814 Dyer Rd**
CITY-ST-ZIP **Riverview, FL 33569**

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

Senior Pastor

4/22/03 813 677-4453

CR2E037 (10/02)