

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 743165****1. Entity Name**  
**ASSEMBLY OF FREE WORSHIP INCORPORATED****Principal Place of Business**  
12001 BIG BEND ROAD  
RIVERVIEW FL 33569  
**Mailing Address**  
P.O. BOX 3382  
RIVERVIEW FL 33569**2. Principal Place of Business**  
Suite, Apt. #, etc.  
**3. Mailing Address**  
Suite, Apt. #, etc.**City & State**  
City & State  
**Zip** **Country** **Zip** **Country**  
**4. FEI Number**  
**59-1836019**  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**  
**Applied For**  
**Not Applicable**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
WATSON GEORGE  
12214 BEGIN DRIVE  
RIVERVIEW FL 33569 US  
**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.****SIGNATURE** **04/09/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25**  
**9. Election Campaign Financing** ☐ **\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	CARCOPA PAT	10202 1 STREET	FL 33569				
D	CARCOPA JACK	107021 1 STREET	CA 33569	D	BREWER MILDRED	12208 BULLFROG CREEK RD	FL 33534
D	EGELI BOB	12527 SPOTTSWOOD DRIVE	FL 33569	D	EGELI BOB	12527 SPOTTSWOOD DRIVE	FL 33569
SD	WATSON KALA	12214 BEGIN DRIVE	FL 33569				
PD	WATSON GEORGE II	12214 BEGIN DRIVE	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)(f), 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:** **REV: GEORGE WATSON II** **PRES** **04/09/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)