

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

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90133 027 ****61.25

DOCUMENT # 748736

1. Entity Name

**FIRST ASSEMBLY OF GOD OF LAKE ALFRED, FLORIDA, I
NC.**



Principal Place of Business

**485 WEST HAINES BLVD
LAKE ALFRED FL 33850**

Mailing Address

**485 WEST HAINES BLVD
LAKE ALFRED FL 33850**

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 **59-2246661**

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

**HENSEL, JOHN R. R.
2004 21 ST N W
WINTER HAVEN FL 33880**

Name **Rev Jeffery Mount**
Street Address (P.O. Box Number is Not Acceptable)

852 Reflections Loop E
City **Winter Haven** **FL** Zip Code **33884**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-27-03

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 **P** ☐ Delete
NAME **HENSEL, JOHN R**
STREET ADDRESS **2004 21 ST N W**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **Pastor** ☒ Change ☐ Addition
NAME **Jeffery Mount**
STREET ADDRESS **852 Reflections Loop E**
CITY-ST-ZIP **Winter Haven FL 33884**

TITLE **D** ☐ Delete
NAME **DAVIS, JAMES S.**
STREET ADDRESS **1314 26TH ST. NW**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

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

TITLE **D** ☐ Delete
NAME **HENDERSON, RONNIE**
STREET ADDRESS **29A LAKE ARROWHEAD DR**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

TITLE **ST** ☐ Delete
NAME **HENDERSON, PAM**
STREET ADDRESS **29A LAKE ARROWHEAD DR**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

TITLE **D** ☐ Delete
NAME **PLANTS, DON**
STREET ADDRESS **1212 BLAKE AVE**
CITY-ST-ZIP **AUBURNDAL FL 33823**

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)(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] **SIGNATURE REQUIRED**

5-1-03

863-956-3174

CR2E037 (10/02)