

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90216 013 \*\*\*\*61.25

**DOCUMENT # 754354**

1. Entity Name

**REGENCY ASSEMBLY OF GOD, INC.**



Principal Place of Business

**668 ST. JOHNS' BLUFF ROAD. N.  
JACKSONVILLE FL 32225-3786**

Mailing Address

**668 ST. JOHNS' BLUFF ROAD. N.  
JACKSONVILLE FL 32225-3786**

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 **59-1941943**

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

**THOMAS, MARK S  
668 ST. JOHNS BLUFF RD. N  
JACKSONVILLE FL 32225**

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REYES, SEAN</b>	
STREET ADDRESS	<b>9480 PRINCETON SQUARE BLVD #1401</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, MARK S</b>	
STREET ADDRESS	<b>10263 FONTANA COURT SOUT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ROHN, WILLIAM JR</b>	
STREET ADDRESS	<b>2725 CORTEZ ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PENA, MANUEL</b>	
STREET ADDRESS	<b>8231 PRINCETON SQUARE BLVD #108</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<del><b>DS</b></del>	<input checked="" type="checkbox"/> Delete
NAME	<del><b>HEATH, TERESA</b></del>	
STREET ADDRESS	<del><b>2928 OAKVIEW DRIVE</b></del>	
CITY-ST-ZIP	<del><b>JACKSONVILLE FL 32246</b></del>	
TITLE	<del><b>D</b></del>	<input checked="" type="checkbox"/> Delete
NAME	<del><b>HEATH, MICHAEL R</b></del>	
STREET ADDRESS	<del><b>2928 OAKVIEW DRIVE</b></del>	
CITY-ST-ZIP	<del><b>JACKSONVILLE FL 32246</b></del>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**

4-28-03

904-641-8344

CR2E037 (10/02)