

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756375

1. Entity Name

DUNEDIN ASSEMBLY OF GOD, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90043 045 ****61.25

Principal Place of Business

Mailing Address

885 LAKE HAVEN RD
PO BOX 1555
DUNEDIN FL 34697

885 LAKE HAVEN RD
PO BOX 1555
DUNEDIN FL 34697-1555

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

59-2062533

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

KEATON, O. D
1511 PATRICIA AVE.
DUNEDIN FL 34698

Name

RICHARD C. BALDWIN

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

7312 WOODHALL CT.

City

TAMPA

FL

Zip Code
33634

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 PASTOR RICHARD C. BALDWIN

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

(NOTE: Registered Agent signature required when reinstating)

02/22/2000

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
TD
BECK, ROBERT
STREET ADDRESS
584 STILL MEADOWS CIRCLE, W.
CITY-ST-ZIP
PALM HARBOR FL 34683

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

TITLE NAME ☒ Delete
CD
KEATON, O. D
STREET ADDRESS
1511 PATRICIA AVENUE
CITY-ST-ZIP
DUNEDIN FL 34698

TITLE NAME ☒ Change ☐ Addition
CD
BALDWIN, RICHARD C.
STREET ADDRESS
7312 WOODHALL CT.
CITY-ST-ZIP
TAMPA, FL. 33634

TITLE NAME ☒ Delete
SD
LAKINS, LARRY
STREET ADDRESS
2019 HARDIN
CITY-ST-ZIP
CLEARWATER FL 34615

TITLE NAME ☒ Change ☐ Addition
SD
RICHARD N. VALENTINE
STREET ADDRESS
1510 BERING COURT
CITY-ST-ZIP
PALM HARBOR, FL. 34683-6303

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: X SIGNATURE FORWARDED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)