

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764276

1. Entity Name

~~THE ENGLEWOOD ASSEMBLY OF GOD, INCORPORATED~~
West Coast Church Assembly of God, Inc.

Principal Place of Business

Mailing Address

240 PINE ST
ENGLEWOOD FL 34223

240 PINE ST
ENGLEWOOD FL 34223

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

65-0099810

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

STEELE, DONALD R
111 SPUR DR
ROTUNDA W. FL 33947

Name Dennis Postell, Jr

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

240 N. Pine St.

City Englewood

FL

Zip Code 34223

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

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.

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\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	STEELE, DONALD R	
STREET ADDRESS	111 SPUR DRIVE	
CITY-ST-ZIP	ROTUNDA WEST FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, RICHARD	
STREET ADDRESS	1265 KINGFISHER DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRENT, GEORGE	
STREET ADDRESS	11129 DEERWOOD AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRK, ROBERT	
STREET ADDRESS	1413 SEA GULL DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HALE, RYAN C	
STREET ADDRESS	7036 DENMARK ST	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, RYAN	
STREET ADDRESS	83 OAKLAND HILLS CT	
CITY-ST-ZIP	ROTUNDA WEST FL 33947	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Postell, Jr	
STREET ADDRESS	240 N. Pine St.	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Conners	
STREET ADDRESS	21036 Kearney Ave	
CITY-ST-ZIP	Pt. Charlotte, FL 33952	
TITLE	Perry Raburn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1437 E. Memorial Blvd.	
STREET ADDRESS	Lakeland, FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-02

941-474-7687

Date

Daytime Phone #

CR2E037 (9/01)