

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

0068372

DOCUMENT # 819778

1. Entity Name

THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD

01-22-2001 90095 044 ****61.25

Principal Place of Business

1445 BOONVILLE AVENUE
 SPRINGFIELD MO 65802-1805

Mailing Address

1445 BOONVILLE AVENUE
 SPRINGFIELD MO 65802-1805

2. Principal Place of Business

1445 N. BOONVILLE AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1445 N. BOONVILLE AVENUE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

44-0577787

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WAYNE BLACKBURN
1401 GRIFFIN ROAD
LAKELAND FL 33804

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRASK, THOMAS E	
STREET ADDRESS	1445 BOONVILLE AVENUE	
CITY-ST-ZIP	SPRINGFIELD MO	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRIDGES, JAMES K	
STREET ADDRESS	1445 BOONVILLE AVENUE	
CITY-ST-ZIP	SPRINGFIELD MO	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOOD, GEORGE O	
STREET ADDRESS	1445 BOONVILLE AVENUE	
CITY-ST-ZIP	SPRINGFIELD MO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS	
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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: *James K Bridges*

1/5/00

(417) 862-2781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)