

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-01-2001 90014 027 ****61.25

DOCUMENT # N00000002752

1. Entity Name

LITTLE ROCK ASSEMBLY OF GOD, INC.

Principal Place of Business

1668 M.C. CARNLEY RD.
 BONIFAY FL 32425

Mailing Address

1668 M.C. CARNLEY RD.
 BONIFAY FL 32425

2. Principal Place of Business

1923 Highway 173

Suite, Apt. #, etc.

3. Mailing Address

1672 Highway 173

Suite, Apt. #, etc.

City & State

Bonifay, Florida

City & State

Graceville, Florida

4. FEI Number

59-2159877

Applied For

Not Applicable

Zip

32425

Country

USA

Zip

32440

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LAKE, ROY A ESQ
112 W. VIRGINIA AVE
BONIFAY FL 32425

7. Name and Address of New Registered Agent

Name

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

3269 Highway 90 East

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	D	<input type="checkbox"/> Delete
NAME	STEVERSON, HARVEY	
STREET ADDRESS	3307 A.J. STEVERSON RD.	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATSON, DWAYNE	
STREET ADDRESS	1873 M.C. CARNLEY RD.	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REGISTER, AMOS	
STREET ADDRESS	1712 N. HOLMES CREEK RD	
CITY-ST-ZIP	GRACEVILLE FL 32440	
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	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Carnley	
STREET ADDRESS	3466 Hwy. 160	
CITY-ST-ZIP	Bonifay, Florida 32425	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Earl Judah	
STREET ADDRESS	320 Judah Street	
CITY-ST-ZIP	Bonifay, Florida 32425	
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

4-20-01

Date

547-2662

Daytime Phone #

CP2E037 (10/00)