

2002 UNIFORM BUSINESS REPORT (UBR)

4/9,

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-09-2002 90022 039 ****61.25
04-28-2002 90778 034 ****8.75

DOCUMENT # N00000004998

1. Entity Name

ASSEMBLY OF FAITH, INC.

Principal Place of Business

Mailing Address

11197 NE 65TH STREET
BRONSON FL 32621

P.O. BOX 1336
BRONSON FL 32621

041911

11197 N.E. 65th St.

2. Principal Place of Business

LANZELL BLANTON

3. Mailing Address

P.O. Box 1336

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRONSON FL

City & State

FL 32621

Zip

32621

Country

Levy

Zip

32621

Country

Levy

4. FEI Number

59-3672264

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANTON, LONZELL
11197 NE 65TH STREET
BRONSON FL 32621

7. Name and Address of New Registered Agent

Name: Lonzell Blanton
Street Address: 11197 N.E. 65th St.
P.O. Box 1336
City: Bronson FL Zip Code: 32621

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

Lonzell Blanton Lonzell Blanton

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

(NOTE: Registered Agent signature required when reinstating)

3-14-02

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	NAME	BLANTON, LONZELL	<input type="checkbox"/> Delete
STREET ADDRESS			11197 NE 65TH STREET	
CITY-ST-ZIP			BRONSON FL 32621	
TITLE	D	NAME	BLANTON, BEVERLY	<input type="checkbox"/> Delete
STREET ADDRESS			11197 NE 65TH STREET	
CITY-ST-ZIP			BRONSON FL 32621	
TITLE	D	NAME	NOLAN, LINDA	<input type="checkbox"/> Delete
STREET ADDRESS			3930 SW 7TH AVENUE RD	
CITY-ST-ZIP			OCALA FL 34474	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE: Lonzell Blanton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

486-6537

Daytime Phone #

CR2E037 (9/01)