


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90600 045 \*\*\*\*61.25

**DOCUMENT # N00000006332**

1. Entity Name  
**MERRITT ISLAND ASSEMBLY OF GOD, INC.**



Principal Place of Business  
**165 NORTH GROVE STREET  
MERRITT ISLAND FL 32953**

Mailing Address  
**165 NORTH GROVE STREET  
MERRITT ISLAND FL 32953**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ARTHURS, ROBERT L  
165 NORTH GROVE STREET  
MERRITT ISLAND FL 32953**

4. FEI Number **59-3676840**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSO, THOMAS</b>	
STREET ADDRESS	<b>2460 SAN LORENZO COURT</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASON, WILLIAM</b>	
STREET ADDRESS	<b>252 SUMMERS CREEK DRIVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLINE, BURTON</b>	
STREET ADDRESS	<b>482 WATERBROOK STREET</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Greene, Patricia</b>	
STREET ADDRESS	<b>6540 CORSICA BLVD</b>	
CITY-ST-ZIP	<b>COCOA, FL 32927</b>	
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: SICILIA J. JAIRED **4-14-03 321-452-9908**

CR2E037 (10/02)