2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
02-12-2002 90107 027 ****75.00

DOCUMENT # N01000001184

1. Entity Name

NORTHVIEW ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
7579 FLORIDA-GEORGIA HWY. HAVANA FL 32333	PO BOX 616 HAVANA FL 32333

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7579 Fla-Ga Hwy	PO Box 616
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Havana Fla	City & State: Havana Fla.
Zip: 32333 Country	Zip: 32333 Country

4. FEI Number — ☐ 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
TINTLE, ANDREW 123 OUR ST. HAVANA FL 32333	Name: Erin Kelly Street: 1558 Schwalls Rd City: Havana Fla FL 32333

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: Erin Kelly Cris Kelly 1-12-02
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TINTLE, ANDREW R 123 OUR ST. HAVANA FL 32333	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO GERRELL, DON REV. 2716 PARSONS REST TALLAHASSEE FL 32308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRICELLIA, TONY 115 BLIND BROOK RD. HAVANA FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST COLLINS, FRAN 1474 PINE HILL RD. CAIRO GA 31728	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOZLOWSKI, ROSA LEE 207 SW 5TH ST. HAVANA FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D westberry ~~WESTBERRY~~, VONNIE 2876 LOWERE HAWTHORN TR. CAIRO GA 31728	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Fran M. Collins Fran Collins 1-12-02 850 893-1116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #