

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90087 019 ****61.25

DOCUMENT # N01000006641

1. Entity Name
MEDART ASSEMBLY OF GOD, INC.

| | |
|---|--|
| Principal Place of Business 4647 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327 | Mailing Address P.O. BOX 190 CRAWFORDVILLE FL 32326 |
|---|--|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number
59-2877790 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

**MCFALLS, JEFFERY L PASTOR
 202 FOXRUN CIRCLE
 CRAWFORDVILLE FL 32327**

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 _____ (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 | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|--------|-------------------|--------------------|-------------------------|---------------------------------|--|
| | | | | | Deacon | Michael Stewart | 754 Rehwinkel Rd. | Crawfordville, FL 32327 | | <input checked="" type="checkbox"/> |
| | | | | | Deacon | Gregory Kelley | 36 Desmond Street | Crawfordville, FL 32327 | | <input checked="" type="checkbox"/> |
| | | | | | Deacon | Michael Compton | 40 LAMAR CT | Crawfordville, FL 32327 | | <input checked="" type="checkbox"/> |
| | | | | | Deacon | H. Duane Thurmond | 168 OAK Street | Crawfordville, FL 32327 | | <input checked="" type="checkbox"/> |
| | | | | | Deacon | Dilworth C. Quick | 8537 Springhill Rd | TALLAHASSEE, FL 32305 | | <input checked="" type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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]* **Michael R. Compton** **(850)926-7165**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)