

Amend

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 SEP 24 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO100000641**  
1. Entity Name  
**Medart Assembly of God, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4647 Crawfordville Hwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 190**  
Suite, Apt. #, etc.

City & State  
**Crawfordville FL**

City & State  
**Crawfordville FL**

Zip  
**32327**

Country

City & State  
**Crawfordville FL**

City & State  
**Crawfordville FL**

Zip  
**32327**

Country

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent  
Name **Jeffery L. Mc Falls**  
Street Address (P.O. Box Number is Not Acceptable)  
**202 Foxrun Circle**

City **Crawfordville** FL Zip Code **32327**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 NAME  
**Lowell E Beck**  
STREET ADDRESS  
**50 A+lee lane**  
CITY-ST-ZIP  
**Crawfordville FL 32327**

TITLE NAME  
**200007991202--6**  
STREET ADDRESS  
**-09/24/02--01072--001**  
CITY-ST-ZIP  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE NAME  
**Eugene Jordan**  
STREET ADDRESS  
**61 Russell Dr**  
CITY-ST-ZIP  
**Crawfordville FL 32327**

TITLE NAME  
**DO NOT WRITE IN THIS SPACE**

TITLE NAME  
**D Jeffery L. Mc Falls**  
STREET ADDRESS  
**202 Foxrun Circle**  
CITY-ST-ZIP  
**Crawfordville FL 32327**

TITLE NAME  
**DO NOT WRITE IN THIS SPACE**

TITLE NAME  
**D Michael Compton**  
STREET ADDRESS  
**40 Lamar Court**  
CITY-ST-ZIP  
**Crawfordville FL 32327**

TITLE NAME  
**DO NOT WRITE IN THIS SPACE**

TITLE NAME  
**D Michael Stewart**  
STREET ADDRESS  
**754 Rehwinke Road**  
CITY-ST-ZIP  
**Crawfordville FL 32327**

TITLE NAME  
**DO NOT WRITE IN THIS SPACE**

TITLE NAME  
**D Gregory Kelley**  
STREET ADDRESS  
**36 Desmond Street**  
CITY-ST-ZIP  
**Crawfordville FL 32327**

TITLE NAME  
**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**9-24-02**

CR2E037B (12/01)