


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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90427 023 \*\*\*\*61.25

**DOCUMENT # NO1000006641**

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 32327**

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

4. FEI Number **59-2877790** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 *Jeffery L MCFalls* DATE **2/21/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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>T</b>	<input type="checkbox"/> Delete
NAME	<b>BECK, LOWELL E</b>	
STREET ADDRESS	<b>50 ATLEE LANE</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JORDON, EUGENE</b>	
STREET ADDRESS	<b>61 RUSSELL DR</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCFALLS, JEFFERY L</b>	
STREET ADDRESS	<b>202 FOXRUN CIRCLE</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COMPTON, MICHAEL</b>	
STREET ADDRESS	<b>40 LAMAR COURT</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, MICHAEL</b>	
STREET ADDRESS	<b>754 REHWINKLE ROAD</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KELLEY, GREGORY</b>	
STREET ADDRESS	<b>36 DESOMAD STREET</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	

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		<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	<b>36 DESMOND STREET</b>	
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 REQUIR EQUIP* DATE: **2/21/03** TELEPHONE: **850-877-9809**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)