

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90034 005 ****61.25

DOCUMENT # N15381

1. Entity Name

POLK CITY ASSEMBLY OF GOD, INC.



Principal Place of Business

**530 COMMONWEALTH
P.O. BOX 356
POLK CITY FL 33868**

Mailing Address

**530 COMMONWEALTH
P.O. BOX 356
POLK CITY FL 33868**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2733325**

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

**HERNDON, DIANE
4622 HARDEN BLVD
LAKELAND FL 33813**

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

Signature, typed or printed name of registered agent and title (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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BILLINGSLEY, THOMAS	
STREET ADDRESS	936 CLEARVIEW AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, JOANNE	
STREET ADDRESS	205 S GLENN AVENUE	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BYRD, DAVID	
STREET ADDRESS	10138 SLAUGHTERHOUSE ROAD	
CITY-ST-ZIP	POLK CITY FL 33868	
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		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobby Steadman	
STREET ADDRESS	2610 Island Oaks	
CITY-ST-ZIP	Lakeland, FL 33805	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Floyd	
STREET ADDRESS	1325 Foxhollow N	
CITY-ST-ZIP	Polk City, FL 33868	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Byrd, David G	
STREET ADDRESS	10138 Slaughterhouse Road	
CITY-ST-ZIP	Polk City, FL 33868-0027	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anvil Hamons	
STREET ADDRESS	945 30th St NW	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Hartzman	
STREET ADDRESS	733 Second St	
CITY-ST-ZIP	Polk City, FL 33868	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grady Smith	
STREET ADDRESS	1101 33rd St N.W.	
CITY-ST-ZIP	Winter Haven FL 33881	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/03 863-534-0518

CR2E037 (10/02)