

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0068296

DOCUMENT # N16146

1. Entity Name

**FIRST ASSEMBLY OF GOD OF SPRINGHILL, FLORIDA, IN
 CORPORATED**

04-02-2002 90932 003 ****61.25

Principal Place of Business

Mailing Address

**12435 SPRINGHILL DRIVE
 SPRINGHILL FL 34609**

**12435 SPRINGHILL DRIVE
 SPRINGHILL FL 34609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2062308

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

**COATS, TIMOTHY R
 12435 SPRING HILL DR
 SPRINGHILL FL 34609**

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

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 **P** ☐ Delete
 NAME **COATS, TIMOTHY R**
 STREET ADDRESS **4166 E. LEMA DR**
 CITY-ST-ZIP **SPRINGHILL FL 34609**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V-P** ☐ Delete
 NAME **FOWLER, RUSSELL**
 STREET ADDRESS **3120 ABELINE ROAD**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **CENTENO, NED R**
 STREET ADDRESS **17838 FANCY LANE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **T** ☒ Change ☐ Addition
 NAME **Paul P. Campea**
 STREET ADDRESS **2333 Gimlet Avenue**
 CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE **S** ☐ Delete
 NAME **NEWMAN, ANOLA**
 STREET ADDRESS **18614 SHORE DRIVE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MORMANDO, LENNY**
 STREET ADDRESS **12163 GLANCY LANE**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **D** ☒ Change ☐ Addition
 NAME **Naomi J. Centeno**
 STREET ADDRESS **17838 Fancy Lane**
 CITY-ST-ZIP **Hudson, FL 34667**

TITLE **D** ☒ Delete
 NAME **LUIS, VICTOR**
 STREET ADDRESS **17811 EAST ROAD**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☒ Change ☐ Addition
 NAME **Tim Herod**
 STREET ADDRESS **13112 Groveland Street**
 CITY-ST-ZIP **Spring Hill, FL 34609**

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2002
 Date

352-683-2030
 Daytime Phone #

CR2E037 (9/01)