

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16821

1. Entity Name

SUWANNEE RIVER ASSEMBLY OF GOD, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90096 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O RONNIE E CHRISTIAN  
 26471 STATE ROAD 247  
 BRANFORD FL 32008  
 US

C/O RONNIE E CHRISTIAN  
 P.O. BOX 207  
 BRANFORD FL 32008-0207  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

26471 State Road 247

26471 State Road 247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 207

P.O. Box 207

City & State  
 Branford, Florida

City & State  
 Branford, Florida

4. FEI Number **59-2240730**

Applied For  
 Not Applicable

Zip  
 32008

Country  
 U.S.A.

Zip  
 32008

Country  
 U.S.A.

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

ADAMS, FRANK  
 PO BOX 207  
 7756 264TH ST  
 BRANFORD FL 32008

Name  
**French, David**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7756 264th Street**  
 P.O. Box 207  
 City  
**Branford** **FL** Zip Code  
**32008**

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: **Pastor David French** DATE: **January 24, 2000**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 ADAMS, FRANK  
 7756 264TH ST., GOVERNOR ST.  
 BRANFORD FL 32008  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 French, David  
 7756 264th. St.  
 Branford, FL 32008  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 DAUGHTRY, KEITH  
 9501 254TH TERRACE  
 OBRIEN FL 32071  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 Lee, William J. (J.R.)  
 20620 U.S. 129  
 O'Brien, FL 32071  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 VOUGHT, RUSS  
 6754 COUNTY ROAD 248  
 O'BRIEN FL 32071  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 LEE, MELVIN C.  
 8762 252ND ST  
 O'BRIEN FL  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 MCKENZIE, RANDY  
 20809 CR 137  
 LAKE CITY FL 32024  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

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: **Pastor David French**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pastor David French** 904-935-1703 1/24/00  
 Date Daytime Phone #

CR2E037 (9/99)