

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90032 050 \*\*\*\*61.25

**DOCUMENT # N16821**

1. Entity Name

**SUWANNEE RIVER ASSEMBLY OF GOD, INC.**

Principal Place of Business

Mailing Address

C/O RONNIE E CHRISTIAN  
 26471 STATE ROAD 247PO BOX 207  
 BRANFORD FL 32008  
 US

C/O RONNIE E CHRISTIAN  
 26471 STATE ROAD 247PO BOX 207  
 BRANFORD FL 32008  
 US

101048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O Vincent S. Spencer  
 Suite, Apt. #, etc.  
 26471 State Rd 247, P.O. 207

C/O Vincent S. Spencer  
 Suite, Apt. #, etc.  
 P.O. Box 207

City & State

City & State

Branford, Florida

Branford, Florida

4. FEI Number

59-2240730

Applied For

Not Applicable

Zip

Country

Zip

Country

32008

Suwannee

32008

Suwannee

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

FRENCH, DAVID  
 PO BOX 207  
 7756 264TH ST  
 BRANFORD FL 32008

Name Spencer, Vincent

Street Address (P.O. Box Number is Not Acceptable)

7756 264th Street

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

*Vincent S. Spencer*  
 Signature, typed or printed name of registered agent and title if applicable.

Pastor Vincent Spencer

1/11/2001

(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 FRENCH, DAVID 7756 264TH ST., GOVERNOR ST. BRANFORD FL 32008	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, WILLIAM J. 20620 US 129 OBRIEN FL 32071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOUGHT, RUSS 6754 COUNTY ROAD 248 O'BRIEN FL 32071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, MELVIN C. 8762 252ND ST O'BRIEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, RANDY 20809 CR 137 LAKE CITY FL 32024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Spencer, Vincent 7756 264th St. , Branford, FL 32008	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Vincent S. Spencer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pastor Vincent S. Spencer

1/11/2001

Date Daytime Phone #

CR2E037 (10/00)