

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16821

1. Entity Name

SUWANNEE RIVER ASSEMBLY OF GOD, INC.

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

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

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

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

3. Mailing Address

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

City & State

Branford, Florida

City & State

Branford, Florida

4. FEI Number

59-2240730

Applied For

Not Applicable

Zip

32008

Country

Suwannee

Zip

32008

Country

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)