

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N16821

FILED
Apr 16, 2002 8:00 AM
Secretary of State

Entity Name: SUWANNEE RIVER ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

C/O VINCENT S SPENCER
26471 STATE ROAD 247 PO BOX 207
BRANFORD, FL 32008 US

New Principal Place of Business:

C/O VINCENT S SPENCER
26471 STATE ROAD 247 PO BOX 207
BRANFORD, FL 32008 US

Current Mailing Address:

C/O VINCENT S SPENCER
26471 STATE ROAD 247 PO BOX 207
BRANFORD, FL 32008 US

New Mailing Address:

C/O VINCENT S SPENCER
26471 STATE ROAD 247 PO BOX 207
BRANFORD, FL 32008 US

FEI Number: 59-2240730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, VINCENT
7756 264TH ST
BRANFORD, FL 32008

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPENCER, VINCENT
Address: 7756 264TH ST., GOVERNOR ST.
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: LEE, WILLIAM J
Address: 20620 US 129
City-St-Zip: OBRIEN, FL 32071

Title: D () Delete
Name: VOUGHT, RUSS
Address: 6754 COUNTY ROAD 248
City-St-Zip: O'BRIEN, FL 32071

Title: D () Delete
Name: LEE, MELVIN C.,
Address: 8762 252ND ST
City-St-Zip: O'BRIEN, FL

Title: D () Delete
Name: MCKENZIE, RANDY
Address: 20809 CR 137
City-St-Zip: LAKE CITY, FL 32024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: METZGAR, WILLIAM D
Address: 20425 33RD. DRIVE
City-St-Zip: WELLBORN, FL 32094

Title: D (X) Change () Addition
Name: STANLEY, THEODORE R
Address: P.O. BOX 64
City-St-Zip: BRANFORD, FL 32008

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: WALKER, PAMELA L
Address: RT. 4, BOX 52
City-St-Zip: BRANFORD, FL 32008

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA L. WALKER

D

04/16/2002

Electronic Signature of Signing Officer or Director

_____ Date