

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17046

1. Entity Name

FAITH ASSEMBLY OF GOD OF TALLAHASSEE, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90032 029 ****61.25

Principal Place of Business

3434 N. MONROE
TALLAHASSEE FL 32303

Mailing Address

3434 N. MONROE
TALLAHASSEE FL 32303-2743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2392286

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCDANIEL, BURT
3434 NORTH MONROE STREET
TALLAHASSEE FL 32303

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	DP	<input type="checkbox"/> Delete
NAME	MCDANIEL, BURT	
STREET ADDRESS	1619 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	TRUHE, SCOTT	
STREET ADDRESS	2508 HELENE LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RUDD, LAMAR	
STREET ADDRESS	2816 SHAMROCK SOUTH	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, BURT	
STREET ADDRESS	1691 TIMBER RUN	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, TAMMY	
STREET ADDRESS	1691 TIMBER RUN	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH AUTER	
STREET ADDRESS	1107 MIMOSA DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

MCDANIEL, DP 424-00

Date

850/562-6200

Daytime Phone #

CF2E037 (9/99)