

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18863

1. Entity Name

FIRST ASSEMBLY OF GOD OF RUSKIN, INC.

Principal Place of Business

2322 11 AVE. SE
RUSKIN FL 33570

Mailing Address

2322 11 AVE. SE
RUSKIN FL 33570-5497

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2749138

Applied For

Not Applicable

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

JONES, BOBBY M
2326 11TH AVENUE SE
RUSKIN FL 33570

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 PD
NAME JONES, BOBBY M
STREET ADDRESS 2326 11TH AVENUE SE
CITY-ST-ZIP RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME COUNCIL, BUFORD (BUTCH)
STREET ADDRESS 2703 24TH STREET SE
CITY-ST-ZIP RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WADE, ROBERT
STREET ADDRESS 119 14TH STREET S E
CITY-ST-ZIP RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT
NAME ALMAND, SHIRLEY
STREET ADDRESS 502 1ST STREET S W
CITY-ST-ZIP RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME VARN, JOEY
STREET ADDRESS 2106 8TH STREET S W
CITY-ST-ZIP RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BUTLER, WILLIAM
STREET ADDRESS P O BOX 382
CITY-ST-ZIP BALM FL 33503 ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shirley Almand 2/2/00 813-645-333

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90057 038 ****70.00



DO NOT WRITE IN THIS SPACE