

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N18863**

1. Entity Name

FIRST ASSEMBLY OF GOD OF RUSKIN, INC.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90029 050 ****61.25

367532

Principal Place of Business

**2322 11 AVE. SE
RUSKIN FL 33570**

Mailing Address

**2322 11 AVE. SE
RUSKIN FL 33570**

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

Bobby M. Jones **Bobby M. Jones**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-01**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	<input type="checkbox"/> Delete
NAME	JONES, BOBBY M	
STREET ADDRESS	2326 11TH AVENUE SE	
CITY-ST-ZIP	RUSKIN FL 33570	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	COUNCIL, BUFORD (BUTCH)	
STREET ADDRESS	2703 24TH STREET SE	
CITY-ST-ZIP	RUSKIN FL 33570	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WADE, ROBERT	
STREET ADDRESS	119 14TH STREET S E	
CITY-ST-ZIP	RUSKIN FL 33570	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Delete
NAME	ALMAND, SHIRLEY	
STREET ADDRESS	502 1ST STREET S W	
CITY-ST-ZIP	RUSKIN FL 33570	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	VARN, JOEY	
STREET ADDRESS	2106 8TH STREET S W	
CITY-ST-ZIP	RUSKIN FL 33570	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, WILLIAM	
STREET ADDRESS	P O BOX 382	
CITY-ST-ZIP	BALM FL 33503	

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:

Shirley Almand **Shirley Almand** **1-10-01** **813-641-1718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)