

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N20899

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: HOSANNA ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

18924 COUNTY LINE RD
SPRING HILL, FL 34610

New Principal Place of Business:

Current Mailing Address:

18924 COUNTY LINE RD
SPRING HILL, FL 34610

New Mailing Address:

FEI Number: 59-2803414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLTON, LARRY
3443 AUGUSTINE RD.
SPRING HILL, FL 34609

Name and Address of New Registered Agent:

WASHBURN, PAUL DR.
1324 SEVEN SPRINGS BLVD., #156
TRINITY, FL 34655

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: DR. PAUL WASHBURN

04/28/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRIFFITH, GARY D
Address: 24298 MCCA W RD
City-St-Zip: BROOKVILLE, FL 34605

Title: DS () Delete
Name: BOLTON, LARRY
Address: 3443 AUGUSTINE RD
City-St-Zip: SPRING HILL, FL

Title: D () Delete
Name: GONZALEZ, MIKE
Address: 8430 KENWAY ST.
City-St-Zip: SPRING HILL, FL 34608

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: GRIFFITH, GARY L MR.
Address: 24298 MCCA W RD
City-St-Zip: BROOKVILLE, FL 34601

Title: D (X) Change () Addition
Name: PETERS, PHILIP H MR.
Address: 7200 DAFFODIL DR.
City-St-Zip: BROOKSVILLE, FL 34601

Title: D (X) Change () Addition
Name: WEST, JAMES M MR.
Address: 1091 ROOSEVELT AVE.
City-St-Zip: MASARYKTOWN, FL 34604

Title: PRES () Change (X) Addition
Name: WASHBURN, PAUL DR.
Address: 1324 SEVEN SPRINGS BLVD., #156
City-St-Zip: TRINITY, FL 34655

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: DR. PAUL WASHBURN

PRES

04/28/2002

Electronic Signature of Signing Officer or Director

Date