

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90092 035 ****61.25

DOCUMENT # N33332

1. Entity Name
HILLIARD FIRST ASSEMBLY OF GOD, INC.

Principal Place of Business C/O BETTY BAHL 2392 N KINGS RD HILLIARD FL 32046 US	Mailing Address C/O BETTY BAHL PO BOX 670 HILLIARD FL 32046-0670 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2256005	Applied For ☐ Not Applicable
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent BAHL, BETTY 2392 N KINGS RD P.O. BOX 670 HILLIARD FL 32046		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNS, ARLIE W. 2323 MICHIGAN ST HILLIARD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULFORD, WILLIAM RT 1 BOX 1050 HILLIARD FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hinson, Steve Rt. 5 Box 9095 Hilliard, FL 32046 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAULERSON, DANNY RT 5 BOX 9840 HILLIARD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HINSON, DIANA RT 5 BOX 9095 HILLIARD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B BAHL, BETTY RT 5 BOX 9485 HILLIARD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Betty A. Bahl **REQUIRED** BETTY L BAHL 4/11/00 (914) 845-2642

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)