

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90188 021 ****61.25

DOCUMENT # N33332

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
 US

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

59-2256005

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

BAHL, BETTY
2392 N KINGS RD
P.O. BOX 670
HILLIARD FL 32046

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

Betty L Bahl **BETTY L BAHL**

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** ☐ Delete
 NAME **JOHNS, ARLIE W.**
 STREET ADDRESS **2323 MICHIGAN ST**
 CITY-ST-ZIP **HILLIARD FL**

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

TITLE **D** ☐ Delete
 NAME **RAULERSON, DANNY**
 STREET ADDRESS **RT 5 BOX 9840**
 CITY-ST-ZIP **HILLIARD FL**

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

TITLE **S** ☐ Delete
 NAME **HINSON, DIANA**
 STREET ADDRESS **RT 5 BOX 9095**
 CITY-ST-ZIP **HILLIARD FL**

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

TITLE **T** ☐ Delete
 NAME **BAHL, BETTY**
 STREET ADDRESS **RT 5 BOX 9485**
 CITY-ST-ZIP **HILLIARD FL**

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

TITLE **D** ☐ Delete
 NAME **HINSON, STEVE**
 STREET ADDRESS **RT 5 BOX 9095**
 CITY-ST-ZIP **HILLIARD FL 32046**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Archie Johns
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Archie Johns

3-13-01

904 8452442

Date

Daytime Phone #

CR2E037 (10/00)