

2001 **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90225 037 ****70.00

DOCUMENT # N34545

1. Entity Name
FAITH ASSEMBLY OF GOD OF ST CLOUD, INC.

Principal Place of Business 1406 EASTERN AVENUE ST. CLOUD FL 34770-7278	Mailing Address P.O. BOX 700278 ST. CLOUD FL 34769-5084
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

4. FEI Number 59-2773292	Applied For Not Applicable
-----------------------------	-------------------------------

Zip	Country	Zip	Country	5. Certificate of Status Desired XXXX \$8.75 Additional Fee Required
-----	---------	-----	---------	---

6. Name and Address of Current Registered Agent
COUCH, ROBERT M
3202 TOASY DR
ORLANDO FL 32806

7. Name and Address of New Registered Agent
 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: *Robert M. Couch* **Robert M. Couch** **April 30, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILES NOW FEES \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PCD COUCH, ROBERT M 3202 TOASY DR ORLANDO FL 32806-6677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAY, LEROY 7065 BUCKHORN TR ST CLOUD FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENKINS, KENNETH E** 10 PACUN DRIVE ST CLOUD FL 34774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Langer, Curt <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1623 12th Street St. Cloud, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAKHTAWAR, ADOLPHAS 4821 E. IRLI BRONSON HIGHWAY ST CLOUD FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, HUGH F 1488 FREEDOM ROAD ST CLOUD FL 34746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Licht, Della <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2215 Kissemmee Pk. Rd. St. Cloud, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Perrigan <input type="checkbox"/> Delete 4799 Citrus Dr St. Cloud, Florida 34772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert M. Couch* **Robert M. Couch** **April 30, 2001** (407/892/5656)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

Attachment
659564
N34545
Faith Assembly of God

Robert M. "Bob" Couch, Pastor
P.O. Box 700278 • 1406 Eastern Avenue • St. Cloud, Florida 34770-0278
(407) 892-5656 • Fax (407) 957-5656

Geared to the times - anchored to the Rock.

April 30, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs: Re: Annual Corporation Renewal

Pursant to my conversation by phone with your office this morning, Please find our renewal for this year.

The original was lost, and we called for a replacement, that never arrived. We are using last years form and adding only one name, and changing the date.

Also, enclosed please find check in the amount of \$70.00. This includes the renewal and a new certificate for this year.

Thank you for your help in this matter.

Sincerely,


Robert M. Couch, Pastor and
Chairman of the Board of Directors

RMC/cjc