

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34545

1. Entity Name

FAITH ASSEMBLY OF GOD OF ST CLOUD, INC.

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90090 036 ****70.00

Principal Place of Business

Mailing Address

1406 EASTERN AVENUE
ST. CLOUD FL 34770-7278

P.O. BOX 700278
ST. CLOUD FL 34770-0278

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

59-2773292

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

COUCH, ROBERT M
3202 TOASY DR
ORLANDO FL 32806

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PCD
COUCH, ROBERT M
3202 TOASY DR
ORLANDO FL 32806-6677

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GRAY, LEROY
7065 BUCKHORN TR
ST CLOUD FL 34771

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
LANGER, CURT
1623 12TH STREET
SAINT CLOUD FL 34769

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
BAKHTAWAR, ADOLPHAS
4821 E. IRLO BRONSON HIGHWAY
ST CLOUD FL 34771

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
LICHT, DELLA
2215 KISSEMMEE PK. RD
SAINT CLOUD FL 34769

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PERRINGAN, STEVE
4799 CITRUS DRIVE
SAINT CLOUD FL 34772

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2002

Date

407-892-5656

Daytime Phone #

CR2E037 (9/01)