

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N34545**

1. Entity Name

**FAITH ASSEMBLY OF GOD OF ST CLOUD, INC.**

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	DELETE	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	CHANGE	ADDITION
PCD COUCH, ROBERT M	3202 TOASY DR ORLANDO FL 32806-6677	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
D GRAY, LEROY	7065 BUCKHORN TR ST CLOUD FL 34771	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
SD LANGER, CURT	1623 12TH STREET SAINT CLOUD FL 34769	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
TD BAKHTAWAR, ADOLPHAS	4821 E. IRLO BRONSON HIGHWAY ST CLOUD FL 34771	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
VD LICHT, DELLA	2215 KISSEMMEE PK. RD SAINT CLOUD FL 34769	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
D PERRINGAN, STEVE	4799 CITRUS DRIVE SAINT CLOUD FL 34772	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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**

**407-892-5656**

Date

Daytime Phone #

CR2E037 (9/01)