

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90131 023 \*\*\*\*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 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

**COUCH, ROBERT M  
3202 TOASY DR  
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name **Steve Perrigan**

Street Address (P.O. Box Number is Not Acceptable)

**4799 Citrus Dr**

City **St. Cloud, Florida**

FL **34772**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Steve Perrigan*

**3-20-03**

(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Perrigan	
STREET ADDRESS	4799 Citrus Dr	
CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leroy Gray	
STREET ADDRESS	7065 Buckhorn	
CITY-ST-ZIP	St. Cloud, Florida 34771	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Della Licht	
STREET ADDRESS	2215 Kissimmee Park Rd	
CITY-ST-ZIP	St. Cloud, Florida 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Steve Perrigan*

**3-20-03**

CR2E037 (10/02)

Attachment # 80061178  
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

E-mail: FaithAGst.cloud@juno.com

*Geared to the times - anchored to the Rock.*

March 28, 2003

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

Dear Sirs:


RE: Annual Corporation Renewal

Enclosed please find the Annual Renewal Form for Faith Assembly of God, St. Cloud, Florida

A check is enclosed for the amount which includes the fee, plus a certificate of Status, (\$61.25 + 8.75 = \$70.00):

Thank you for your help in this matter.

Sincerely:

  
Steve Perrigan  
Chairman of the Board

SP/cp