

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38654

1. Entity Name

FORT ALAFIA ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business

410 SWILLEY RD
HWY. 39 AND SWILLEY
PLANT CITY FL 33567

Mailing Address

410 SWILLEY RD
HWY. 39 AND SWILLEY
PLANT CITY FL 33567

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

59-2436023

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIXON, RONALD C
3421 PORTER ROAD
PLANT CITY FL 33547

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

Re. Ronald C. Dixon

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

TITLE DP
NAME DIXON, REV RONALD C. ☐ Delete
STREET ADDRESS 3421 PORTER RD
CITY- ST- ZIP LITHIA FL
Director President

TITLE D ☒ Delete
NAME HOOD, S. TODD
STREET ADDRESS 1840 STREETMAN DR
CITY- ST- ZIP LITHIA FL 33547
Delete

TITLE D ☒ Delete
NAME PIPPIN, EUGENE
STREET ADDRESS 5804 W STRAUSS LOOP
CITY- ST- ZIP PLANT CITY FL 33565
Delete

TITLE D ☐ Delete
NAME BRUNER, ROBERT
STREET ADDRESS 19148 RED BIRD LN
CITY- ST- ZIP LITHIA FL 33547
Director Treasurer

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE S ☒ Change ☐ Addition
NAME Tom Marr
STREET ADDRESS 2683 Keyville Dr.
CITY- ST- ZIP Lithia FL 33547
Director Secretary

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

TITLE ☐ Change ☐ Addition
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 no 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:

RONALD C. DIXON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 25, 2001 8:00 am
Secretary of State

06-06-2001 90006 027 ****61.25

8588



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)