

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45938

1. Entity Name

GRACEVILLE FIRST ASSEMBLY OF GOD, INC.

Principal Place of Business

5565 BROWN STREET
GRACEVILLE FL 32440

Mailing Address

5565 BROWN ST
GRACEVILLE FL 32440-1000
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELIX W. FUSSELL
5565 BROWN ST.
GRACEVILLE FL 32440

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 PD ☐ Delete
NAME FELIX W. FUSSELL
STREET ADDRESS 5565 BROWN ST.
CITY-ST-ZIP GRACEVILLE FL

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

TITLE VD ☒ Delete
NAME POWELL, STANLEY
STREET ADDRESS 1021 WHITE AV
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE VD ☒ Change ☐ Addition
NAME Blount, Stanley
STREET ADDRESS 4891 Damascus Church Rd.
CITY-ST-ZIP Graceville, Fl. 32440

TITLE STD ☒ Delete
NAME BARRENTINE, CHARLES
STREET ADDRESS RT 2, BOX 363
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE STD ☒ Change ☐ Addition
NAME Pina, Christopher
STREET ADDRESS 755 Brickyard Rd.
CITY-ST-ZIP Chipley, Fl. 32428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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: Felix W. Fussell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 263-1492 4-26-00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90133 036 ****70.00

CR2E037 (9/99)