

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N45938**

1. Entity Name

GRACEVILLE FIRST ASSEMBLY OF GOD, INC.**FILED**
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90005 040 ****70.00

Principal Place of Business

**5565 BROWN STREET
GRACEVILLE FL 32440**

Mailing Address

**5565 BROWN ST
GRACEVILLE FL 32440
US**

00033011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3104319

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FELIX W. FUSSELL
5565 BROWN ST.
GRACEVILLE FL 32440**

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 Felix W. Fussell President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-6-01

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	PD	<input type="checkbox"/> Delete
NAME	FELIX W. FUSSELL	
STREET ADDRESS	5565 BROWN ST.	
CITY-ST-ZIP	GRACEVILLE FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BLOUNT, STANLEY	
STREET ADDRESS	4891 DAMASCUS CHURCH RD	
CITY-ST-ZIP	GRACEVILLE FL 32440	

TITLE	STD	<input type="checkbox"/> Delete
NAME	PINA, CHRISTOPHER	
STREET ADDRESS	755 BRICKYAD RD	
CITY-ST-ZIP	CHIPLEY FL 32428	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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

3-6-01

Date

(850) 263-1492

Daytime Phone #

CR2E037 (10/00)