

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

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

03-11-2003 90132 016 ****70.00

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
US**

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 **Sean L. Miles**
Street Address (P.O. Box Number is Not Acceptable)
5565 Brown Street
City **Graceville** FL Zip Code **32440**

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

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

TITLE **VD** ☒ Delete
NAME **BLOUNT, STANLEY**
STREET ADDRESS **4891 DAMASCUS CHURCH RD**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE **STD** ☐ Delete
NAME **PINA, CHRISTOPHER**
STREET ADDRESS **755 BRICKYAD RD**
CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PD** ☐ Change ☒ Addition
NAME **Sean L. Miles**
STREET ADDRESS **5565 Brown St.**
CITY-ST-ZIP **Graceville, FL 32440**

TITLE **VD** ☐ Change ☒ Addition
NAME **Tom Horton**
STREET ADDRESS **5463 Browntown Rd.**
CITY-ST-ZIP **Graceville, FL 32440**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03

Date

850-263-3551

Daytime Phone #

CR2E037 (10/02)