

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49875

1. Entity Name

AUBURN ASSEMBLY OF GOD OF CRESTVIEW, INC.

Principal Place of Business

6144 HIGHWAY 85 NORTH
CRESTVIEW FL 32536
US

Mailing Address

6144 HIGHWAY 85 NORTH
CRESTVIEW FL 32536
US

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

59-2245018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SENN, WILLIAM CARROLL
6144 HIGHWAY 85 NORTH
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name

WILLIAMSON, RONALD D.

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

2628 CRICKET LANE

City

CRESTVIEW

FL

Zip Code
32536

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

Ronald D. Williamson

Ronald D. Williamson, Pastor

1/30/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D EASTLACK, HOWARD 8245 HWY 85 N LAUREL HILL FL 32567	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, LEONARD 3880 BEARHEAD RD CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, ANTON 6182 BARNES RD CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMRALL, SHELTON F. 5315 FOUR LAKE DRIVE CRESTVIEW FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITHROW, RUSSELL 6469 FLORIDA AVE CRESTVIEW FL 32539	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMSON, RONALD 2628 CRICKET LANE CRESTVIEW, FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHEM, JERRY 2626 CRICKET LANE CRESTVIEW, FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ronald D. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald D. Williamson
Pastor

1/30/01 850-682-6357

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)