

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001976

1. Entity Name

BRATT ASSEMBLY OF GOD, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90172 021 \*\*\*\*61.25

Principal Place of Business 5150 W. HWY 4 CENTURY FL 32535	Mailing Address 5150 W. HWY 4 CENTURY FL 32535-2538
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City, & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-2242172	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, G T  
510 E. ZARAGOZA ST.  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name: Glenie Peebles  
 Street Address (P.O. Box Number is Not Acceptable): 1900 Christian Home Dr.  
 City: McDavid FL Zip Code: 32568

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: Glenie Peebles Glenie Peebles 2-20-00  
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: <u>D</u> NAME: <u>PEEBLES, LEROY</u> STREET ADDRESS: <u>5150 W. HWY 4</u> CITY-ST-ZIP: <u>CENTURY FL 32535</u>	<input type="checkbox"/> Delete
TITLE: <u>D</u> NAME: <u>BARNES, LESLIE</u> STREET ADDRESS: <u>5150 W. HWY 4</u> CITY-ST-ZIP: <u>CENTURY FL</u>	<input checked="" type="checkbox"/> Delete
TITLE: <u>D</u> NAME: <u>HALL, W.D.</u> STREET ADDRESS: <u>5150 W. HWY 4</u> CITY-ST-ZIP: <u>CENTURY FL 32535</u>	<input type="checkbox"/> Delete
TITLE: <u>D</u> NAME: <u>ELLIOTT, I V</u> STREET ADDRESS: <u>5150 W. HWY 4</u> CITY-ST-ZIP: <u>CENTURY FL</u>	<input type="checkbox"/> Delete
TITLE: <u>D</u> NAME: <u>RIGGS, JIM</u> STREET ADDRESS: <u>2971 OLD BRATT RD</u> CITY-ST-ZIP: <u>ATMORE AL</u>	<input type="checkbox"/> Delete
TITLE: <u>ST</u> NAME: <u>PEEBLES, GLENIE</u> STREET ADDRESS: <u>1900 CHRISTIAN HOME DR.</u> CITY-ST-ZIP: <u>MCDavid FL 32568</u>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <u>Deacon</u> NAME: <u>Raymond Peebles</u> STREET ADDRESS: <u>5150 W-Hwy 4</u> CITY-ST-ZIP: <u>Century Fl 32535</u>	<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
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: SIGNATURE REQUIRED 2-20-00 850-327-4972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)