

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 24, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000001976**1. Entity Name
BRATT ASSEMBLY OF GOD, INC.Principal Place of Business
5150 W. HWY 4
CENTURY FL 32535
Mailing Address
5150 W. HWY 4
CENTURY FL 325352. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2242172
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Name and Address of Current Registered Agent
PEEBLES GLENIE
1900 CHRISTIAN HOME DR
MC DAVID FL 32568 US
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 **GLENIE PEEBLES****07/24/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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 State10. OFFICERS AND DIRECTORS
TITLE ST ☐ Delete
NAME PEEBLES GLENIE
STREET ADDRESS 1900 CHRISTIAN HOME DR.
CITY-ST-ZIP MCDAVID FL 32568
TITLE D ☐ Delete
NAME RIGGS JIM
STREET ADDRESS 2971 OLD BRATT RD
CITY-ST-ZIP ATMORE AL
TITLE D ☐ Delete
NAME ELLIOTT I V
STREET ADDRESS 5150 W. HWY 4
CITY-ST-ZIP CENTURY FL
TITLE D ☐ Delete
NAME HALL W.D.
STREET ADDRESS 5150 W. HWY 4
CITY-ST-ZIP CENTURY FL 32535
TITLE D ☐ Delete
NAME PEEBLES RAYMOND
STREET ADDRESS 5150 W. HWY 4
CITY-ST-ZIP CENTURY FL 32535
TITLE D ☐ Delete
NAME PEEBLES LEROY
STREET ADDRESS 5150 W. HWY 4
CITY-ST-ZIP CENTURY FL 32535
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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)(f), 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: **Glenie Peebles**

ST

07/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)