

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90258 001 \*\*\*\*61.25

**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 32535

000000



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 **59-2242172**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PEEBLES, GLENIE**  
**1900 CHRISTIAN HOME DR**  
**MC-DAVID-FL-32568**

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 \_\_\_\_\_ (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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEEBLES, LEROY</b>	
STREET ADDRESS	<b>5150 W. HWY 4</b>	
CITY-ST-ZIP	<b>CENTURY FL 32535</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEEBLES, RAYMOND</b>	
STREET ADDRESS	<b>5150 W. HWY 4</b>	
CITY-ST-ZIP	<b>CENTURY FL 32535</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HALL, W.D.</b>	
STREET ADDRESS	<b>5150 W. HWY 4</b>	
CITY-ST-ZIP	<b>CENTURY FL 32535</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELLIOTT, I V</b>	
STREET ADDRESS	<b>5150 W. HWY 4</b>	
CITY-ST-ZIP	<b>CENTURY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIGGS, JIM</b>	
STREET ADDRESS	<b>2971 OLD BRATT RD</b>	
CITY-ST-ZIP	<b>ATMORE AL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>PEEBLES, GLENIE</b>	
STREET ADDRESS	<b>1900 CHRISTIAN HOME DR.</b>	
CITY-ST-ZIP	<b>MCDavid FL 32568</b>	

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	
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	
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: Glenie Peebles **Glenie Peebles** 4-25-02 850-3274972  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)