2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90009 016 ****61.25

DOCUMENT # N95000001189

1. Entity Name

DEERPOINT LAKE ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
3317 NEW CHURCH RD. PANAMA CITY FL 32409	3317 NEW CHURCH RD. PANAMA CITY FL 32409-1929

DO NOT WRITE IN THIS SPACE

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 59-3308445 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARROLL, ROY G 8938 N. MCCANN RD. PANAMA CITY FL 32409	Name: CURTIS W. Kent Street Address (P.O. Box Number is Not Acceptable): 6923 STEVEN ROAD City: PANAMA **FL** Zip Code: 32404

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: Curtis W. Kent — CURTIS W. KENT — 2-27-00
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. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARROLL, ROY G 8938 N. MCCANN RD. PANAMA CITY FL 32409	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KENT, CURTIS W. 6923 STEVEN ROAD PANAMA CITY FL 32404	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTR WHITE, Z T 8921 KINGSWOOD RD SOUTHPORT FL 32409	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, JIMMY 3906 HWY 231 PANAMA CITY FL 32404	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CONNIE, TEPLICE K 404 KENTUCKY AVE LYNN HAVEN FL 32444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BEASLEY, DARLENE 3911 CHARANNA LANE SOUTHPORT FL 32409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, RAY 8210 S HOLLAND RD SOUTHPORT FL 32409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOK, RON 4019 OSPREY SOUTHPORT FL 32409	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 — DARLENE F. BEASLEY — 3-9-00 — 850-769-3368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #