

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001663

1. Entity Name

SOUTH BAY GOSPEL ASSEMBLY CORPORATION

Principal Place of Business

105 NW 2ND WAY  
SOUTH BAY FL 33493

Mailing Address

POST OFFICE BOX 1678  
CLEWISTON FL 33440-1678

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

65-0547997

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FIELDS, BILLY D  
110 OAK DRIVE  
CLEWISTON FL 33440

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

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	D	<input type="checkbox"/> Delete
NAME	FIELDS, BILLY D	
STREET ADDRESS	110 OAK DRIVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ZACHARIAH	
STREET ADDRESS	317 KILPATRICK LP	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARDIN, KAY	
STREET ADDRESS	220 N BRIDAL ST	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, IMA J.	
STREET ADDRESS	110 OAK DR	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MELISSA A.	
STREET ADDRESS	317 KILPATRICK LP	
CITY-ST-ZIP	CLEWISTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-2000

Date

941-983-5613

Daytime Phone #

CR2E037 (9/99)

FILED  
Mar 09, 2000 8:00 am  
Secretary of State

03-09-2000 90103 033 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE