

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90065 040 \*\*\*\*61.25

0021014

**DOCUMENT # N97000006507**

1. Entity Name

**FIRST ASSEMBLY OF GOD OF CROSS CITY INC.**

Principal Place of Business

**HIGHWAY 351 NORTH  
CROSS CITY FL 32628-2007**

Mailing Address

**P.O. BOX 620  
CROSS CITY FL 32628-2007**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**36-4226610**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LANDER, JOSEPH T  
109 BARBER AVENUE  
CROSS CITY FL 32628-2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------------|--|---|
| <b>D</b><br><b>CARR, JOHN VERNON</b><br><b>HC04 BOX 333</b><br><b>OLD TOWN FL 32680-0000</b>    | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
| <b>D</b><br><b>RHOADES, THOMAS JR.</b><br><b>HCR 1 BOX 788</b><br><b>OLD TOWN FL 32680-0000</b> | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
| <b>D</b><br><b>MAULDEN, J.W.</b><br><b>821 LIBERTY STREET</b><br><b>LIVE OAK FL 32060-0000</b>  | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-01

352-463-6315

Date

Daytime Phone #

CR2E037 (10/00)