

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/24/00-90270-033-\$61.25-\$61.25

**DOCUMENT # N99000000180**

1. Entity Name

**IVAN ASSEMBLY OF GOD CHURCH, INC.**

APPROVED  
AND  
FILED

00 MAR 14 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 202 IVAN CHURCH ROAD CRAWFORDVILLE FL 32327	Mailing Address 202 IVAN CHURCH ROAD CRAWFORDVILLE FL 32327-0903
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number <b>59-3558528</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BAXLEY, WILLIAM**  
202 IVAN CHURCH ROAD  
CRAWFORDVILLE FL 32327

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>BAXLEY, WILLIAM</b>	
STREET ADDRESS	<b>29 H R LINZY DRIVE</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATHERS, FLAVEY L</b>	
STREET ADDRESS	<b>1949 CRAWFORDVILLE HIGHWAY</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STOKLEY, MARY</b>	
STREET ADDRESS	<b>207 STOKLEY ROAD</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</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	

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: *Flavey Mathers* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00  
Date

936-8666  
Daytime Phone #

CR2E037 (9/99)