## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## **FILED DOCUMENT # P35559** May 31, 2000 8:00 am Secretary of State 1. Entity Name ASSOCIATION OF EVANGELICAL GOSPEL ASSEMBLIES, IN 05-31-2000 90060 005 \*\*\*\*61.25 Mailing Address Principal Place of Business 2152 HWY 139 2152 HWY 139 MONROE LA 71203-6665 MONROE LA 71203 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 72-0817857 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MORROW, JOHN 1531 N. DREXEL ROAD, #394 **WEST PALM BEACH FL 33417** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME HARBUCK, HENRY A. NAME STREET ADDRESS 412 BIRCHWOOD DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MONROE LA ☐ Addition ☐ Change ☐ Delete TITLE TITLE DVC NAME NAME HARBUCK, JAN STREET ADDRESS STREET ADDRESS 412 BIRCHWOOD DR. CITY-ST-ZIP CITY-ST-ZIP MONROE LA ☐ Addition Change TITLE. ☐ Delete TITLE CHAMBERS, CHARLIE NAME NAME STREET ADDRESS STREET ADDRESS 101 RAITHWOOD DR. CITY-ST-7IP CITY-ST-ZIP hot s<u>prings ar</u> ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME HARBUCK, JAN STREET ADDRESS STREET ADDRESS 412 BIRCHWOOD DR. CITY-ST-ZIP CITY-ST-ZIP MONROE LA ☐ Addition ☐ Change ☐ Delete TITLE TITLE HEAD, JIMMY NAME STREET ADDRESS STREET ADDRESS RT. 3, BOX 214-A CITY-ST-ZIP CITY-ST-ZIP MONROE LA ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

RBU de 5/19/10 211345