

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90401 031 ****61.25

DOCUMENT # 737740

1. Entity Name

OAK CITY ASSEMBLY OF GOD, INC.

Principal Place of Business

Mailing Address

**3080 WEST TENNESSEE STREET
 TALLAHASSEE FL 32304**

**3080 WEST TENNESSEE STREET
 TALLAHASSEE FL 32304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6547532

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

WALKER, KENNY
3921 GAFFNEY LOOP 7892 Briarcreek Rd.
TALLAHASSEE FL 32303 32312

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	S	<input type="checkbox"/> Delete
NAME	GARNER, JOHN	
STREET ADDRESS	4450 SHERBONE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	T	<input type="checkbox"/> Delete
NAME	NODA, LARRY	
STREET ADDRESS	3252 HEATHER HILL LN	
CITY-ST-ZIP	TALLAHASSEE, FL 00000 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, BILL	
STREET ADDRESS	4716 FLOWERWOOD DR	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALKER, KENNY	
STREET ADDRESS	1838 HOMEWOOD ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLBRITTON, DAVID	
STREET ADDRESS	3641 WESTMORLAND DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MORRIS	
STREET ADDRESS	RT 1 BOX 2738 NA	
CITY-ST-ZIP	HAVANA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Larry Noda **LARRY NODA** Treasurer

4/14/2002 850-575-4054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)