

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90071 049 ****61.25

DOCUMENT # 737740
1. Entity Name
OAK CITY ASSEMBLY OF GOD, INC.



Principal Place of Business Mailing Address
3080 WEST TENNESSEE STREET **3080 WEST TENNESSEE STREET**
TALLAHASSEE FL 32304 **TALLAHASSEE FL 32304**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
WALKER, KENNY
7892 BRIARCREEK RD.
TALLAHASSEE FL 32312

4. FEI Number **59-6547532** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	32309	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	32303	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7892 Briarcreek Rd	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	32303	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	187 Moody Lane	
CITY-ST-ZIP	Havana, FL 32333	

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: *Laurence W. Noda* **LAURENCE W. NODA** 1/11/03 487-9112

CR2E037 (10/02)