

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90038 014 ****61.25

DOCUMENT # N11501

1. Entity Name

PAGE POND ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business

Mailing Address

RT 3 BOX 232-A
 ALTHA FL 32421
 US

ROUTE 3 BOX 232-A
 ALTHA FL 32421-9412
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2234668

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TATUM, KATHRYN F
ROUTE 3 BOX 529
TATUM ROAD
ALTHA FL 32421

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	P	<input checked="" type="checkbox"/> Delete
NAME	GUILBERT, REV JAMES U	
STREET ADDRESS	2942 SLYVIA DR	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COBB, DENNIS	
STREET ADDRESS	RT 3, BOX 338	
CITY-ST-ZIP	ALTHA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATUM, LLOYD	
STREET ADDRESS	RT 3 BOX 370	
CITY-ST-ZIP	ALTHA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, HAROLD	
STREET ADDRESS	ROUTE 2, BOX 816	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TATUM, KATHRYN F	
STREET ADDRESS	ROUTE 3 BOX 529 TATUM ROAD	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATUM, NEWTON G	
STREET ADDRESS	ROUTE 3 BOX 529 TATUM ROAD	
CITY-ST-ZIP	ALTHA FL 32421	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walker, William M.	
STREET ADDRESS	P. O. Box 247	
CITY-ST-ZIP	Altha, FL 32421	
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)(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: William M. Walker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Feb. 29, 2000
 Daytime Phone #: 850-762-8406

CR2E037 (9/99)