FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2001 8:00 am § Secretary of State **DOCUMENT # N11501** 05-16-2001 90047 047 \*\*\*\*61.25 PAGE POND ASSEMBLY OF GOD CHURCH, INC. Principal Place of Business Mailing Address RT 3 BOX 232-A ROUTE 3 BOX 232-A ALTHA FL 32421 **ALTHA FL 32421** 2. Principal Place of Business 3. Mailing Address 23422 NW Murdock Dr 22978 NW Tatum Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2234668 Altha, FL Altha, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32421 US Fee Required <u> 32421</u> 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) TATUM, KATHRYN F 22978 NW Tatum Rd ROUTE 3 BOX 529 TATUM ROAD City Altha **ALTHA FL 32421** 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. Kathryn F. Tatum (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 🔼 Change Delete TITLE ■ Addition TITLE WALKER, WILLIAM M NAME NAME P.O. BOX 247 STREET ADDRESS STREET ADDRESS 23432 NW Murdock Dr, P.O. Box 281 ALTHA FL 32421 CITY-ST-ZIP CITY-ST-7IP X Change ☐ Addition TITLE Delete TITLE COBB. DENNIS NAME NAME RT 3, BOX 338 14536 NW CR 274 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ALTHA FL** CITY-ST-ZIP [X] Change ☐ Addition TITLE □ Delete TITLE TATUM, LLOYD NAME NAME RT 3 BOX 370 STREET ADDRESS STREET ADDRESS 23518 NW Murdock Dr CITY-ST-ZIP ALTHA FL CITY-ST-ZIP 🗓 Delete TITLE TITLE Change Ch ☐ Addition DANIELS, HAROLD NAME NAME ROUTE 2, BOX 816 STREET ADDRESS STREET ADDRESS 22326 NE Quail Run **BLOUNTSTOWN FL** CITY-ST-ZIP CITY-ST-ZIE Delete TITLE Change ☐ Addition TATUM, KATHRYN F NAME NAME **ROUTE 3 BOX 529 TATUM ROAD** STREET ADDRESS STREET ADDRESS 22978 NW Tatum Rd CITY-ST-ZIP ALTHA FL 32421 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition TATUM, NEWTON G NAME **ROUTE 3 BOX 529 TATUM ROAD** STREET ADDRESS STREET ADDRESS 22978 NW Tatum Rd ALTHA FL 34241 CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered. wtany Lheapurer May 3,200/

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