APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

	Fictitious Name to be	e Registered (see instruc	cal Mystery	rp" or "Inc")			
	6767 20th	Street					
	Mailing Address of Bus Vero Beac	siness ch, FL 3296 State	6 Zip C	Code			
3. F		principal place of					
	Indian River County (see instructions if more than one county)				This space for	office use only	
Α.	Owner(s) of Ficti	itious Name If In	dividual(s): (Use a	an attachment if i	necessary):		
1.	Last	First	M.I.	2. Last	First	M.i.	
	Address			Address			
	City	State	Zip Code	City	State	Zip Code	
В. (ment if necessary):		
1.	Entity Name	Assembly of	God, Inc.	2. Entity Name)		
	6767 20th Address	Street		Address			
	Vero Beac	ch FL State	32966 Zip Code	City	State	Zip Code	
		ation Number		Florida	Registration Number	·	
	FEI Number:59-1892295			FEI Nur	nber:		
	FEI Number	☐ Applied for ☐ Not Applicable			☐ Applied for ☐ Not Applicable		
					Applied for	Not Applicable	
is tru	e) the undersigned, being and accurate. In acide under path. (At Least Signature of Owner	ing the sole (all the) paccordance with Section st One Signature Requirements	Applicable arty(ies) owning interest it 865.09, F.S., I (we) unduired) 11-26-08	n the above fictitious na	ame, certify that the informa ture(s) below shall have the	tion indicated on this form	
is tru	e) the undersigned, being and accurate. In acide under path. (At Least Signature of Owner	ed for Not	Applicable arty(ies) owning interest it 865.09, F.S., I (we) unduired) 11-26-08	n the above fictitious na derstand that the signa Signature of	ame, certify that the informa ture(s) below shall have the	tion indicated on this form	
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Pho FO I (v	e) the undersigned, being and accurate. In accide under path. (At Least Signature of Owner one Number: PR CANCELLATION NOTE: The FICTITIOUS NOTE: The Undersite of State Stat	ing the sole (all the) paccordance with Section st One Signature Requirements of the Signature R	Applicable arty(ies) owning interest in 865.09, F.S., I (we) unduired) II-26-08 arte 4505 SECTION 4 ONLY: RSHIP CHANGE Connect the fictition	n the above fictitious naderstand that the signal Signature of Phone Numb OMPLETE SECT Dus name	ome, certify that the informature(s) below shall have the Owner er:	tion indicated on this form e same legal effect as if Date	

Mark the applicable boxes ☐ Certificate of Status — \$10 ☐ C NON-REFUNDABLE PROCESSING FEE: \$50