2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State
03-19-2004 90067 006 ****61.25

DOCUMENT # 701049

1. Entity Name

EVANGEL TEMPLE ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
5755 RAMONA BOULEVARD JACKSONVILLE FL 32205	5755 RAMONA BOULEVARD JACKSONVILLE FL 32205

64026333

MOORE CR2E037 (11/03)

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

4. FEI Number 59-1516022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WIGGINS (CECIL)
1201 CROWN DR
JACKSONVILLE FL ~~32205~~ 32221

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 _____
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
Due By May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWERS, WALTER 12441 PULASKI RD JACKSONVILLE FL 32218 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GARRY L. WIGGINS 8080 Stargrass Ct Jax, FL 32210 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WIGGINS, CECIL L. 1201 CROWN DR JAX, FL ~~00000~~ 32221 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVEREAUX, DONNIE 6892 CISCO GRDN RD W. JAX, FL ~~00000~~ 32219 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, BOB ~~6403 DAKEDRIVE~~ 1675 Cinnamon Fern Ct GREEN COVE SPRINGS, FL 32043 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAER ~~BEAR~~, BOBBY 6547 ORTOLAN AVE JACKSONVILLE FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BASKIN, ROGER 6879 BAKERSFIELD DR JACKSONVILLE FL 32210 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Robert Wiggins CECIL L. WIGGINS 3-12-04 904-781-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #