

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90259 050 \*\*\*\*61.25

**DOCUMENT # 706796**

1. Entity Name

FIRST ASSEMBLY OF GOD, INC. OF LAKE PLACID,  
FLORIDA



Principal Place of Business  
327 PLUMOSA AVENUE  
LAKE PLACID FL 33852  
US

Mailing Address  
POST OFFICE BOX 477  
LAKE PLACID FL 33862  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

City & State

City & State

4. FEI Number

59-2352453

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYANT, JOHNNY  
345 PLUMOSA AVE  
LAKE PLACID FL 33852

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, 2005**

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 PDC  Delete  
NAME BRYANT, JOHNNY (REV)  
STREET ADDRESS 345 PLUMOSA AVENUE  
CITY-ST-ZIP LAKE PLACID FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME CLIFFORD, BOB  
STREET ADDRESS 50 WINDWARD DR  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME BROWN, WAYNE  
STREET ADDRESS 8717 HAMPSHIRE DR  
CITY-ST-ZIP SEBRING FL 33876

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT  Delete  
NAME CHANDLER, JOANN  
STREET ADDRESS 601 SUNSET POINT DR  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  Delete  
NAME WHITEHOUSE, KAY  
STREET ADDRESS 942 LAKE DRIVE E  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: *Rev. Johnny Bryant, Pastor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 28-05 863-465-2363*  
Date Daytime Phone #