2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004
Secretary of State

DOCUMENT# 708110

Entity Name: FIRST ASSEMBLY'S CHURCH ON THE RIDGE, INC. OF FROSTPROOF, FLORIDA

Current Principal Place of Business:

333 E. B. ST.
P.O. BOX 247
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

333 E. B. ST.
P.O. BOX 247
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 59-2369998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALATI, KELLY P.
335 E. B. ST.
FROSTPROOF, FL 33843 US

Name and Address of New Registered Agent:

GALATI, KELLY P.
PO BOX 247
FROSTPROOF, FL 33843 US

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: _____ 03/24/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GALATI, KELLY P.	
Address:	335 E. B STREET	
City-St-Zip:	FROSTPROOF, FL	
Title:	DS	( ) Delete
Name:	CROSBY, RITA	
Address:	40 E HALL ST	
City-St-Zip:	FROSTPROOF, FL 33843	
Title:	VD	( ) Delete
Name:	OGBURN, TERRY	
Address:	903 OLD AVON PARK RD	
City-St-Zip:	FROSTPROOF, FL 33843	
Title:	DT	( ) Delete
Name:	TUCKER, CONNIE	
Address:	241 TURKEY OAK TRAIL	
City-St-Zip:	FROSTPROOF, FL 33843	
Title:	D	( ) Delete
Name:	RESPRESS, GRADY	
Address:	801 CLINCH LAKE BLVD.	
City-St-Zip:	FROSTPROOF, FL 33843	
Title:	D	( ) Delete
Name:	CARTER, HARLEY	
Address:	909 OLD AVAON PARK ROAD	
City-St-Zip:	FROSTPROOF, FL 33843	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DAVIS, KENNETH	
Address:	116 MAXCY LANE	
City-St-Zip:	FROSTPROOF, FL 33843	
Title:	D	(X) Change ( ) Addition
Name:	THOMSON, WILLIAM	
Address:	504 WEST 7TH STREET	
City-St-Zip:	FROSTPROOF, FL 33843	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY P. GALATI VD 03/24/2004
Electronic Signature of Signing Officer or Director — Date