

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

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90132 037 ****70.00

DOCUMENT # 736748

1. Entity Name
FIRST ASSEMBLY OF GOD OF MILTON, MILTON, FLORIDA, INCORPORATED

Principal Place of Business: **6163 DOGWOOD RD. MILTON FL 32570 US**
 Mailing Address: **6163 DOGWOOD RD. MILTON FL 32570 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____



1st MOORE CR2E037 (10/04)

4. FEI Number: **NO-T APPLICABLE** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
**CARPENTER, DEBRA L
 5419 ALABAMA ST
 MILTON FL 32570**

7. Name and Address of New Registered Agent
 Name: **Barbara Schad**
 Street Address (P.O. Box Number is Not Acceptable): **5712 Bronco Pl**
 City: **Milton** FL Zip Code: **32570**

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: Barbara Schad Barbara Schad, Treasurer DATE: 4/16/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, FRED E.		NAME		
STREET ADDRESS	5756 MILL POND LN		STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, DEBRA L		NAME	Barbara Schad	
STREET ADDRESS	5419 ALABAMA ST.		STREET ADDRESS	5712 Bronco Pl	
CITY-ST-ZIP	MILTON FL 32570		CITY-ST-ZIP	Milton, FL 32570	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, MARK		NAME		
STREET ADDRESS	4865 HWY 87S		STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32583		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, JAMES A.		NAME	David Kelley	
STREET ADDRESS	5255 SPRINGDALE DR		STREET ADDRESS	4252 Avenida De Golf	
CITY-ST-ZIP	MILTON FL		CITY-ST-ZIP	Pace, FL 32571	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOY, MARION		NAME	Emile Luquet	
STREET ADDRESS	6212 GREENWOOD		STREET ADDRESS	4346 Crosswinds Dr.	
CITY-ST-ZIP	MILTON FL 32570		CITY-ST-ZIP	Milton, FL 32583	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, AARON		NAME		
STREET ADDRESS	6163 WALTER AVE		STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570		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: Barbara Schad Date: 4-16-05 Daytime Phone #: 850-623-2854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR