


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

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90030 015 \*\*\*\*61.50

**DOCUMENT # 745405**  
 1. Entity Name  
**THE FAMILY OF GOD CHURCH, INC.**



Principal Place of Business  
**4100 NW 28TH LN.  
 #46  
 GAINESVILLE FL 32606  
 US**

Mailing Address  
**4100 NW 28TH LN.  
 #46  
 GAINESVILLE FL 32606  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

4. FEI Number **59-1188197**  
 Applied For  
 Not Applicable

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



MOORE CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**

*delete* **TOTH, JEAN K #46** *← add*  
**4100 NW 28TH LN.**  
*203 delete*  
**GAINESVILLE FL 32606**

**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 *Jean K. Toth*  
 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**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>TOTH, JEAN K.</b>	
STREET ADDRESS	<b>4100 NW 28TH LN. #96</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>VDD</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLELLAN, NANCY</b>	
STREET ADDRESS	<b>8614 LINCOLNSHIRE RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HINKLEY, EMMETT</b>	
STREET ADDRESS	<b>3116 S OSCEOLA ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SHORT, CHARLES</b>	
STREET ADDRESS	<b>201 ADMIRAL LN</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jean K. Toth* *3-3-04* *(352) 376-1505*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #