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

04-15-2004 90011 047 ****61.00
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FILED
04 APR 23 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
54033754

MOORE CR2E037 (11/03)

DOCUMENT # 758739

1. Entity Name

FIRST PENTECOSTAL CHURCH OF INGLIS, INC.

Principal Place of Business	Mailing Address
HWY. 40 P.O. BOX 658 INGLIS FL 34449 US	HWY. 40 P.O. BOX 658 INGLIS FL 34449 US

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 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

DRYSDALE, ROSS
22 NE TUSCAULLIA AVE.
OCALA FL 34470

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	P DRYSDALE, REV. ROSS 22 NE TUSCAVILL AVE. OCALA FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 519 NE 9th ST., #43 OCALA FL 34470
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALLARD, LANE 19741 SE 58TH AVE FORT PIERCE FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNN, DAVID 6629 S PLEASNT AVE FORT PIERCE FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYAN, TOM 20350 SE 31 CT TERR INGLIS FL 34449	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D (DIRECTOR) RAYMOND WATSON 6344 N Jasper TERRACE CRYSTAL RIVER, FL 34428 ☒ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, DAVID 9325 W. MILWAUKEE CT. CRYSTAL RIVER FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T (TREASURER) LINDA GIUNTA 704 SE WENONA #3 OCALA, FL 34471 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARRIS, PATRICIA 2565 N DONOVAN AVE CRYSTAL RIVER FL 34428	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S (SECRETARY) Penny SUSAN MARSHALEK #10 60th ST. YANKEETOWN, FL 34498 ☑ 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: Penny Susan Marshalek Penny Susan Marshalek 4/11/04 352-447-0081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #