

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N01579		
1. Entity Name WEKIVA ASSEMBLY OF GOD, INC.		
Principal Place of Business 1675 DIXON ROAD LONGWOOD, FL 32779-2762	Mailing Address 1675 DIXON ROAD LONGWOOD, FL 32779-2762	



02022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2401909	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FREEMAN, GREGORY L. 5450 CARTER ROAD LAKE MARY, FL 32746		DO NOT WRITE IN THIS SPACE
6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

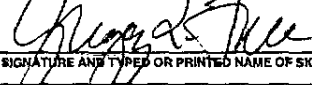
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREEMAN, GREGORY L. 5450 CARTER ROAD LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREITAG, JOHN E 718 BRIARCREST DRIVE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LASCO, STANLEY 598 WHITTINGHAM PLACE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASCO, STANLEY 598 WHITTINGHAM PLACE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000000288531
04/05/05-80014-016 70.00

**DO NOT WRITE
IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #