2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08777

FILED May 30, 2005 Secretary of State

Entity Name: FIRST ASSEMBLY OF GOD CHURCH OF FORT PIERCE, INC.

Current Principal Place of Business:	New Principal Place of Business:
1806 S 33RD ST FORT PIERCE, FL 34952	1806 S 33RD ST FORT PIERCE, FL 34947
Current Mailing Address:	New Mailing Address:
1806 S 33RD ST FORT PIERCE, FL 34952	P.O. BOX 1661 FORT PIERCE, FL 34954
FEI Number: 65-0822932 FEI Number Applied For() FEI I n accordance with s. 607.193(2)(b), F.S., the corporation did not receiv Name and Address of Current Registered Agent:	Number Not Applicable () Certificate of Status Desired () ve the prior notice. Name and Address of New Registered Agent:
	se of changing its registered office or registered agent, or both,
n the State of Florida.	
n the State of Florida. SIGNATURE:	
	Date
SIGNATURE: Electronic Signature of Registered Agent	Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
SIGNATURE:	
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: PD () Delete Name: RABURN, ROBERT L Address: 712 SOUTH 9TH ST.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
Electronic Signature of Registered Agent DFFICERS AND DIRECTORS: Title: PD () Delete Name: RABURN, ROBERT L Address: 712 SOUTH 9TH ST. City-St-Zip: FT. PIERCE, FL 34950 Title: D () Delete Name: MAXWELL, CARL W Address: 7204 FORT WATTON AV	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition Name: MITCHELL, JOSEPH SR. Address: 3880 N. A1A APT. 403

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: ROBERT L, RABURN PD 05/30/2005