

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90025 044 ****61.25

DOCUMENT # N15381

1. Entity Name

POLK CITY ASSEMBLY OF GOD, INC.



Principal Place of Business

**530 COMMONWEALTH
P.O. BOX 356
POLK CITY FL 33868**

Mailing Address

**530 COMMONWEALTH
P.O. BOX 356
POLK CITY FL 33868**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2733325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWLOR, WALTER REV.
530 COMMONWEALTH AVE
PO BOX 356
POLK CITY FL 33868**

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, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	BYRD, DAVID G	
STREET ADDRESS	10138 SLAUGHTERHOUSE RD.	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEADMAN, BOBBY	
STREET ADDRESS	2610 ISLAND OAKS E.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTT, PHILLIP	
STREET ADDRESS	10200 STEVEN DR.	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINZMAN, HAROLD	
STREET ADDRESS	733 SECOND ST	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHULTZ, RON	
STREET ADDRESS	P.O. BOX 91387	
CITY-ST-ZIP	LAKELAND FL 33804-1387	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER HELMUS	
STREET ADDRESS	10312 STEVEN DR.	
CITY-ST-ZIP	POLK CITY, FLA. 33868	
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 exemptions contained in Section 119, 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: Walter Lawlor - Walter Lawlor

2-21-08

863-984-1402