

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 25, 2004
Secretary of State**

DOCUMENT# N92000000608

Entity Name: ACTS II ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

13000 OKEECHOBEE RD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

13000 OKEECHOBEE RD
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0373734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYERLA, CALVIN
13000 OKEECHOBEE RD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LYERLA, CALVIN
Address: 14084 CITRUS DRIVE
City-St-Zip: LOXAHATCHEE, FL

Title: T () Delete
Name: COUTTS, EDWARD
Address: 17632 SYCAMORE DR WEST
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V () Delete
Name: REYES, WILLIAM
Address: 105 SUNFLOWER ST
City-St-Zip: RPB, FL 33411

Title: D () Delete
Name: EATON, PETER
Address: 15389 SAN DIEGO DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: NUCCIO, VITO
Address: 1776 DAHLIA DRIVE
City-St-Zip: ROYAL PALM BEACH, FL

Title: D () Delete
Name: DENTON, DANNY
Address: PO BOX 372 N/A
City-St-Zip: PAHOKEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: COUTTS, EDWARD
Address: 17632 SYCAMORE DR WEST
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CALVIN LYERLA

P

02/25/2004

Electronic Signature of Signing Officer or Director

Date

BILL KENNEDY - TREASURER
120 RIVERA AVE
ROYAL PALM BEACH, FL. 33411