

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754597

FILED
Mar 05, 2004
Secretary of State

Entity Name: PACE ASSEMBLY MINISTRIES, INC.

Current Principal Place of Business:

%GLYN LOWERY, JR
3948 HWY 90
PACE, FL 325718998

New Principal Place of Business:

Current Mailing Address:

%GLYN LOWERY, JR
3948 HWY 90
PACE, FL 325718998

New Mailing Address:

FEI Number: 59-1944606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWERY, GLYN, JR
3948 HWY 90
PACE, FL 325718998

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: D () Delete
Name: BUSBEE, MACK H, SR,
Address: 3948 HWY 90
City-St-Zip: PACE, FL

Title: D () Delete
Name: STEWART, A M,
Address: 3948 HWY 90
City-St-Zip: PACE, FL

Title: D () Delete
Name: ENFINGER, DONALD W.,
Address: 3948 HWY 90
City-St-Zip: PACE, FL

Title: P () Delete
Name: LOWERY, GLYN, JR,
Address: 3948 HWY 90
City-St-Zip: PACE, FL

Title: ST () Delete
Name: WARRICK, DANNY F.
Address: 3948 HWY 90
City-St-Zip: PACE, FL

Title: D () Delete
Name: WENDT, EARL JR
Address: 3948 HWY 90
City-St-Zip: PACE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FOWLER, MARVIN
Address: 3948 HWY. 90
City-St-Zip: PACE, FL 32571 US

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: GLYN LOWERY, JR

P

03/05/2004

Electronic Signature of Signing Officer or Director

Date