

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003349

**Entity Name:** AWAKEN CITY CHURCH, INC.

**Current Principal Place of Business:**

597 DEER CROSSING ROAD  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

135 JENKINS ST.  
105B-307  
ST. AUGUSTINE, FL 32086 US

**FEI Number:** 47-3414261

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALMAGUER, BILLY  
597 DEER CROSSING ROAD  
ST AUGUSTINE, FL 32086 US

*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

**Officer/Director Detail :**

Title P  
Name ALMAGUER, BILLY  
Address 508 N. TREE GARDEN DR.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title S  
Name KUSH, DAVID  
Address 1494 VILLA JUNO DR.  
City-State-Zip: NORTH PALM BEACH FL 33408

Title T  
Name GOEPPNER, CHRIS  
Address 36 MOUNTAIN VIEW DR.  
City-State-Zip: LEBANON NH 03766

Title O  
Name BEARD, TIM  
Address 215 PATRIOT WALK CT.  
City-State-Zip: ALPHARETTA GA 30022

Title DIRECTOR  
Name CONKLIN, KEVIN  
Address 11837 LAUREL GROVE LN.  
City-State-Zip: CHARLOTTE NC 28226

*I hereby 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 all other like empowered.*

**SIGNATURE:** BILLY ALMAGUER

**PRESIDENT**

**01/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date