## 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: WALTER LAWLOR

Electronic Signature of Signing Officer/Director Detail

# 01/11/2017

PRESIDENT/ PASTOR

01/11/2017 Date

#### (

Officer/Director Detail :			
Title	PD	Title	D
Name	LAWLOR, WALTER PREV	Name	HUNTT, PHILLIP
Address	7740 NATURE TRAIL	Address	10200 STEVEN DR.
City-State-Zip:	LAKELAND FL 33809	City-State-Zip:	POLK CITY FL 33868
Title	D	Title	CFO
Name	WILKINS, DARROL F	Name	BAILEY, DOUGLAS
Address	3RD STREET	Address	2601 SLEEPY HOLLOW RD
City-State-Zip:	POLK CITY FL 33868	City-State-Zip:	LAKELAND FL 33810

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.

# FEI Number: 94-3468869

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LAWLOR, WALTER PREV 530 COMMONWEALTH AVE SW POLK CITY, FL 33868 US

SIGNATURE: WALTER LAWLOR

### **Current Mailing Address:**

POLK CITY, FL 33868

P.O. BOX 356

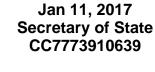
# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N15381

Entity Name: POLK CITY ASSEMBLY OF GOD, INC.

#### **Current Principal Place of Business:**

530 COMMONWEALTH SW POLK CITY, FL 33868



Certificate of Status Desired: No

FILED

Date