

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001603

**Entity Name:** ASSEMBLIES OF GOD LOAN FUND INCORPORATED

**Current Principal Place of Business:**

3900 S. OVERLAND AVE  
SPRINGFIELD, MO 65807

**FILED**  
**Apr 02, 2024**  
**Secretary of State**  
**1723653964CC**

**Current Mailing Address:**

3900 S. OVERLAND AVE  
SPRINGFIELD, MO 65807

**FEI Number: 43-1698176**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PC  
Name HINDY, GERALD B  
Address 3900 S. OVERLAND AVE  
City-State-Zip: SPRINGFIELD MO 65807

Title VS  
Name HUNT, WILLIAM A JR  
Address 3900 S. OVERLAND AVE  
City-State-Zip: SPRINGFIELD MO 65807

Title VTD  
Name JOHNS, DONALD  
Address 3900 S. OVERLAND AVE  
City-State-Zip: SPRINGFIELD MO 65807

Title VD  
Name BARLOTTI, JOSHUA L  
Address 3900 S. OVERLAND AVE  
City-State-Zip: SPRINGFIELD MO 65807

Title V  
Name DANA, KYLE  
Address 3900 S. OVERLAND AVE  
City-State-Zip: SPRINGFIELD MO 65807

Title V  
Name HEADLEE, DONALD M  
Address 3900 S. OVERLAND AVE  
City-State-Zip: SPRINGFIELD MO 65807

Title VP  
Name SHAFFER, SHERI J.  
Address 3900 S. OVERLAND AVE  
City-State-Zip: SPRINGFIELD MO 65807

Title VP  
Name LINGENFELSER, LESLIE  
Address 3900 S. OVERLAND AVE  
City-State-Zip: SPRINGFIELD MO 65807

**Continues on page 2**

*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: COURTNEY SCHAWO**

**ASSISTANT SECRETARY 04/02/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name SCHAWO, COURTNEY N  
Address 3900 S. OVERLAND AVE  
City-State-Zip: SPRINGFIELD MO 65807

Title DIRECTOR  
Name CLAY, DOUGLAS E  
Address 1445 N. BOONVILLE  
City-State-Zip: SPRINGFIELD MO 65802

Title DIRECTOR  
Name BATTEN, JAMES R.  
Address 4207 S CHEYENNE  
City-State-Zip: ROGERSVILLE MO 65742

Title VC  
Name GARRISON, L ALTON  
Address 1445 N BOONVILLE  
City-State-Zip: SPRINGFIELD MO 65802

Title DIRECTOR  
Name TRASK, THOMAS E  
Address 5192 S. AVIEMORE DRIVE  
City-State-Zip: SPRINGFIELD MO 65809