

2021 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 06, 2021
Secretary of State
8992114147CC

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

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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 N HAYES

ASSISTANT SECRETARY 04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name HAYES, 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