FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 FEB -6 PM 12:10

DOCUMENT # **701810** **(4)**

1. Corporation Name
PALMETTO ASSEMBLY OF GOD INC

Principal Place of Business	Mailing Address
1701 10TH ST W PALMETTO FL 34221	1701 10TH ST W PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1960**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-1959918** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

RAGAN, MICHAEL D. SR
4114 18TH AVE WEST
BRADENTON FL 34208

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael D. Ragan Sr. Senior Pastor 1/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	NASWORTHY, CARLOS A.	1.2 NAME	
STREET ADDRESS	334 SALLY LEE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	OYER, AUDREY	2.2 NAME	
STREET ADDRESS	1710 SEVENTH ST SW LOT 109	2.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☒ Addition
NAME	LONGWELL, LARRY	3.2 NAME	D
STREET ADDRESS	SKYWAY WILLAGE J ST #57	3.3 STREET ADDRESS	Dashler, Richard
CITY-ST-ZIP	PALMETTO FL	3.4 CITY-ST-ZIP	1706 Nineth Street, West Palmetto, FL 34221
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	RIKER, DARRELL	4.2 NAME	D
STREET ADDRESS	10326 28TH AVE EAST	4.3 STREET ADDRESS	Knopp, Donald
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	804 Palm Avenue Ellenton, FL 34222
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	DEDMON, LAVERNE	5.2 NAME	
STREET ADDRESS	5211 15TH ST. WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 00000	5.4 CITY-ST-ZIP	
TITLE	PDC	6.1 TITLE	☐ Change ☐ Addition
NAME	RAGAN, MICHAEL D. SR.	6.2 NAME	
STREET ADDRESS	4114 18TH AVE WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carlos A. Nasworthy / SECRETARY 1/31/95 (813) 722-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0017004