


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-21-2004 90001 006 ****61.25

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|---|--|--|---|
| DOCUMENT # 704256 | |  | |
| 1. Entity Name ALL SAINTS HOLINESS CHURCH OF APOSTOLIC FAITH, INC. | | | |
| Principal Place of Business 1304 ROOSEVELT DR PANAMA CITY, FL 32501 | | Mailing Address 1304 ROOSEVELT DR PANAMA CITY, FL 32501 | |
| 2. Principal Place of Business 1304 Roosevelt Dr. | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Panama City, FL | | City & State | |
| Zip 32401 | Country | Zip 32401 | Country |
| 6. Name and Address of Current Registered Agent TYSON, GLORIA D 1304 ROOSEVELT DRIVE PANAMA CITY, FL 32401 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE <i>Gloria D. Tyson</i> Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) DATE | |
| Filing Fee Is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TYSON, GLORIA D 1304 ROOSEVELT DRIVE PANAMA CITY, FL 32401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BREWER, JESSIE L 1703 W. BRAINERD ST PENSACOLA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP LOCKE, ELMORE III 1114 NORTH D STREET PENSACOLA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T LOCKE, LAKEISHA E 1114 NORTH "D" STREET PENSACOLA, FL 32501 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BREWER, JOHNNIE 1703 W BRAINERD ST PENSACOLA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S FRANKLIN, ANTHONY A 3515 LABORDA LANE PENSACOLA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Gloria D. Tyson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: <i>Sept. 14, 04</i> Daytime Phone #: <i>850-785-1508</i> | |

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09092004 Chg-NP CR2E037 (10/03)

4. FEI Number
27-1404148 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required