

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704718

FILED
Jul 05, 2005
Secretary of State

Entity Name: GALLOWAY ASSEMBLY OF GOD, INC., OF LAKELAND, FLORIDA

Current Principal Place of Business:

4405 N. GALLOWAY RD.
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

4405 N. GALLOWAY RD.
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 59-2247709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

APPLEWHITE, DANIEL J
4405 N GALLOWAY RD
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, TODD
Address: 5563 BLOOMFIELD BLVD
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: SAM FOX,
Address: 1026 BURRISRIDGE DR.
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: SMITH, RAY
Address: 2906 CHABETT ST
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: REYNOLDS, JAMES D.,
Address: 3910 CHART PRINE RD.
City-St-Zip: LAKELAND, FL

Title: ST () Delete
Name: APPLEWHITE, HEATHER
Address: 3535 KATHLEEN RD
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: APPLEWHITE, MORRIS
Address: 4415 MEADOWVIEW DR
City-St-Zip: LAKELAND, FL 33810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: TURCOTTE, KELLY
Address: 4602 CREEK MEADOW TR
City-St-Zip: LAKELAND, FL 33810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KELLY TURCOTTE

ST

07/05/2005

Electronic Signature of Signing Officer or Director

_____ Date