


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90334 039 \*\*\*\*61.25

<b>DOCUMENT # 704741</b>	
<b>1. Entity Name</b>	
FIRST ASSEMBLE OF GOD, INC. OF LAKE CITY, FLORIDA	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
1521 2597 E. DUVAL ST. LAKE CITY FL 32055	1521 2597 E. DUVAL ST. LAKE CITY FL 32055

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
1591 E. Duval st.	1591 E. Duval st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	LAKE City

<b>City &amp; State</b>	<b>City &amp; State</b>
Lake City FL	FL
<b>Zip</b>	<b>Zip</b>
32055	32055
<b>Country</b>	<b>Country</b>
Columbia	Columbia

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CHASE, REV. JOHN H 2597 E. DUVAL ST. LAKE CITY FL 32055	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 Rev. John Chase, Pastor DATE 4-27-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BRUCE	NAME	LAREY, MARCUS
STREET ADDRESS	RT. 3, BOX 1540-C	STREET ADDRESS	705 N.W. Ridgewood Ave.
CITY-ST-ZIP	LAKE BUTLER FL 32054	CITY-ST-ZIP	Lake City, FL 32055
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWDY, JAMES	NAME	PARNELL, SARA
STREET ADDRESS	RT. 11, BOX 320	STREET ADDRESS	P.O. BOX 1075
CITY-ST-ZIP	LAKE CITY FL 32024	CITY-ST-ZIP	Lake City, FL 32056
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, PHILLIP	NAME	CHANDLER, WILLIAM
STREET ADDRESS	RT. 8, BOX 732	STREET ADDRESS	3005 Beech St.
CITY-ST-ZIP	LAKE CITY FL 32025	CITY-ST-ZIP	Lake City, FL 32025
TITLE	ST <input type="checkbox"/> Delete	TITLE	KENT, CHARLES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIE, DOT	STREET ADDRESS	453 S.W. Jafus Ave.
STREET ADDRESS	RT 12 BOX 770	CITY-ST-ZIP	Lake City, FL 32024
CITY-ST-ZIP	LAKE CITY FL		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, TONY	NAME	
STREET ADDRESS	1030 SW 1ST TERRACE	STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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:** Dot Christie, Dot Christie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #