

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 704875 1. Entity Name FIRST ASSEMBLY OF GOD, INC., OF PALATKA, FLORIDA	
---	---

Principal Place of Business 3111 ST. JOHNS AVENUE PALATKA, FL 32177-4131	Mailing Address 3111 ST. JOHNS AVENUE PALATKA, FL 32177-4131
--	--

DO NOT WRITE IN THIS SPACE



03012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2240885	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STACKPOLE, THEODORE 102 ASHLEY DR. PALATKA, FL 32177	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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 <u>Theodore Stackpole</u> Signature, typed or printed name of registered agent and title if applicable	DATE <u>3-3-2004</u> (NOTE: Registered Agent signature required when re-instating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000077754 03/05/04-80056-011 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D STACKPOLE, THEODORE 102 ASHLEY DR PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D ROSE, STEVEN 105 JOHN ST. INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D FOURNIER, DOUG PO BOX 452 HOLLISTER, FL 32147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNNING, BILLY 130 ROUND LAKE CIRCLE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WELLS, DOYLE 107 SILVER COURT PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COMER, RANDY 208 COMER RD PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Theodore Stackpole</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>3-3-2004</u> DAYTIME PHONE # <u>3863259127</u>