2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705652

FILED Apr 27, 2005 Secretary of State

Entity Name: EVANGEL ASSEMBLY OF GOD INC. OF ORLANDO, FL

Current Principal Place of Business: New Principal Place of Business: 5838 HOFFNER AVENUE ORLANDO, FL 32822 **Current Mailing Address: New Mailing Address:** 5838 HOFFNER AVENUE ORLANDO, FL 32822 FEI Number: 59-1849331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAXWELL, CHRIS 4325 OLD DOMINION ROAD ORLANDO, FL 32812 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PCD () Delete () Change () Addition MAXWELL, CHRIS A., Name: Name: 4325 OLD DOMINION ROAD Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: DS () Delete Title: () Change () Addition PADGETT, JOHN Name: Name: Address: 8604 FORT SHEA AVE Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition KUCK, TIM Name: Name: 6658 THE LANDINGS Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: HILL, DAMON Name: DEBAGGIS, JAMES 2360 ISLAND CLUB WAY Address: 5900 MATTOX ST Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822 Title: (X) Delete Title: () Change () Addition DEMENT, WILLIAM Name: Name: 3613 SAINT MORITZ ST Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: () Delete Title: () Change () Addition MASCARENHAS, FRANZ Name: Name: Address: 7200 PERSHING AVE Address: ORLANDO, FL 32822 City-St-Zip: 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: CHRIS A. MAXWELL PCD 04/27/2005