

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90098 005 ****70.00

DOCUMENT # 708638

1. Entity Name

CHURCH OF GOD - PENTECOSTAS WAY OF FLORIDA, INC.



Principal Place of Business

2230 CARVER STREET
P.O. BOX 2461
FORT MYERS FL 33902

Mailing Address

2230 CARVER STREET
P.O. BOX 2461
FORT MYERS FL 33902
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6564417

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

JACKSON, JAMES
3713 AVE. J. N.W.
WINTER HAVEN FL 33880

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, WALTER	
STREET ADDRESS	6215 MEADOW VIEW CIR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUGABOOK, JOHN	
STREET ADDRESS	3 SKIPTON CIRCLE	
CITY-ST-ZIP	FORT MEYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRAZIER, POPE	
STREET ADDRESS	3408 FRANKLIN STREET	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINKNEY, ALBERT	
STREET ADDRESS	2915 MARKET ST.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMAS, SHERRY	
STREET ADDRESS	3429 DORA ST	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNING, ANDREW	
STREET ADDRESS	115 LESNICK DR	
CITY-ST-ZIP	FT. MYERS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Vernon	
STREET ADDRESS	3607 Michigan AVE	<input checked="" type="checkbox"/> Delete
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Frazier Pope Jr.*

Frazier Pope Jr

03/16/05 239 337-4021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #