

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 712504

1. Entity Name
THE 13TH STREET CHURCH OF GOD, INC.



Principal Place of Business
1902 N. 13TH STREET
FORT PIERCE, FL 34950 US

Mailing Address
P. O. BOX 2606
FORT PIERCE, FL 34947 US

FILED
05 JAN 24 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0476578

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARCHER, JOHN T BISHOP
1506 BARCELONA AVENUE
FORT PIERCE, FL 34946

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARCHER, JOHN T REV. 1506 BARCELONA AVENUE FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADDERLY, WILLIAM 2401 SAN MARCOS AVENUE FT. PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNDER, EARL S 403 N. 21 STREET FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, CYRIL 2608 AVENUE E FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: Rev John T. Archer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05

Date

772-461-5527

Daytime Phone #