


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 713469</b> 1. Entity Name ORANGE PARK ASSEMBLY OF GOD, INC.	
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Principal Place of Business 1324 KINGSLEY AVE. ORANGE PARK, FL 32073	Mailing Address 1324 KINGSLEY AVE. ORANGE PARK, FL 32073
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01152004 No Chg-NP CR2E037 (10/03)

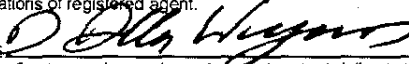
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1432897	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WIGGINS, D. ALLAN 4215 HANGING MOSS DRIVE ORANGE PARK, FL 32073
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**DO NOT WRITE  
IN THIS SPACE**

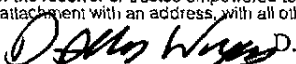
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	D. Allan Wiggins	1/15/2004
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>		

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WRIGHT, WILLIAM 2935 BIRDSONG WAY GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONYERS, HARRISON 4840 PRINCESS ANNE LANE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNOLDS, JAMES 1459 MARCIA DRIVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIGGINS, DUNCAN ALLAN K 4215 HANGING MOSS DRIVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/04-80094-015 61.25

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: 	D. Allan Wiggins	1/15/2004
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

(904) 264-5961