2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State
01-27-2004 90003 043 ****70.00

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1. Entity Name
FIRST ASSEMBLY OF GOD, INC., OF THE CITY OF BOCA RATON, STATE OF FLORIDA

Principal Place of Business	Mailing Address
1300 NW 4TH AVE BOCA RATON, FL 33432	1300 NW 4TH AVE BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1891559 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~CLOYD, LESLIE G~~
1551 FORUM PLACE
BUILDINGS 200 & 400
WEST PALM BEACH, FL 33402

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

~~TITLE~~	~~T~~
NAME	BOYKIN, MARK D
STREET ADDRESS	1308 NW 2ND CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	TR
NAME	KEEVER, JOHN
STREET ADDRESS	779 CAMINO LAKES CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	ST
NAME	GOMES, ~~MERCUS~~ Marcos
STREET ADDRESS	8509 BOCA RIO DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
~~TITLE~~	
~~NAME~~	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/21/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #