2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90042 034 ****61.25

DOCUMENT # 715414

1. Entity Name
FIRST ASSEMBLY OF GOD OF DELAND, INC.

Principal Place of Business	Mailing Address
1500 E. INTERNATIONAL SPEEDWAY BLVD. DELAND, FL 32724	1500 E. INTERNATIONAL SPEEDWAY BLVD. DELAND, FL 32724

04042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6224702
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MODICA, MICHAEL
4390 GRANT ST
DELTONA, FL 32725

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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 Michael Modica (Michael Modica) 4/6/04
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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MODICA, MICHAEL
STREET ADDRESS	4390 GRANT ST
CITY-ST-ZIP	DELAND, FL
TITLE	DT
NAME	YOUNGQUIST, RALPH
STREET ADDRESS	2393 OAK PARK RD
CITY-ST-ZIP	DELAND, FL
TITLE	DS
NAME	HAWKINS, CARL
STREET ADDRESS	891 CRITTENDEN AVE.
CITY-ST-ZIP	ORANGE CITY, FL
TITLE	D
NAME	CRUZ, ROBERT
STREET ADDRESS	132 W. VOORHIS AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	RYLE, JAMES
STREET ADDRESS	2025 GLENWOOD HAMMOCK RD
CITY-ST-ZIP	GLENWOOD, FL 32722
TITLE	D
NAME	JOHNSON, CHAD
STREET ADDRESS	28 PALM AVE
CITY-ST-ZIP	DELAND, FL 32724

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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: Michael Modica (Michael Modica) 4/6/04 (386) 736-2940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #