2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT #715414

1. Entity Name

FIRST ASSEMBLY OF GOD OF DELAND, INC.



04-14-2004 90042 034 ****61.25

Apr 14, 2004 8:00 am Secretary of State

FILED

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)

4. FEI Number 59-6224702

Applied For Not Applicable

5. Certificate of Status Desired~

\$8.75 Additional Fee Required

IICHAEL

MODICA, MICHAEL 4390 GRANT ST DELTONA, FL 32725

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu							
SIGNATURE Signatifie, typed or printed name of registered agent and title if applicable. (NOTE: Registated Agent signature recluired when reinstating) DATE							
Signatifie, typed or printed name of registrated agent and title if applicable. (NOTE: Registared Agent signature reduired when reinstating) Pilling Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS Trust Fund Contribution. OFFICERS AND DIRECTORS Title PD NAME MODICA, MICHAEL 4390 GRANT ST DELAND, FL TITLE DT NAME YOUNGQUIST, RALPH STREET ADDRESS CITY-ST-ZIP DELAND, FL TITLE DS NAME HAWKINS, CARL STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE CITY, FL DO NOT WRITE							
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NAME RYLE, JAMES		l 				•	
STREET ADDRESS 2025 GLENWOOD HAMMOCK RD	STREET ADDRESS	1					
CITY-ST-ZIP GLENWOOD, FL 32722	CITY-ST-ZIP	GLENWOOD, FL 32722					
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NAME, JOHNSON, CHAD	- ,a	JOHNSON, CHAD					
STREET ADDRESS 28 PALM AVE		I					
CITY-ST-ZIP DELAND, FL 32724							
12. I hereby certify that the information supplied with this filling 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.							