

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90236 014 ****70.00

DOCUMENT # 725292			
1. Entity Name FLORIDA CHURCH OF GOD MINISTRIES, INC.			
Principal Place of Business 211 PRESIDENTS DRIVE LAKE WALES FL 33859 US		Mailing Address P O BOX 192 LAKE WALES FL 33859 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WIENS, GREG 5061 HIGHLANDS BY THE LAKES DRIVE LAKELAND FL 33813		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



MOORE CR2E037 (11/03)

4. FEI Number **59-1675074** Applied For
Not Applicable

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

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, BRUCE 83741 S HAINES CREEK ROAD LEESBURG FL 34789 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kufeldt, Steven 431 N. Semoran Blvd. Orlando, FL 32807-3323 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMPROTT, GREG 10120 DOGWOOD AVE PALM BEACH GARDENS FL 33410 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Abney, Ancil L. 7835 48th Ave. E Bradenton, FL 34203 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLIGOSS, MACK 405 SEMINOLE AVE E LAKE WALES FL 33859 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dove, Tommy J. 483 Spruceview Dr. Port Orange, FL 32127 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIENS, GREG 5061 HIGHLANDS BY LAKE DRIVE LAKELAND FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FASEL, TERRY 427 HESPERIDES RD. LAKE WALES FL 33853 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 (863)638-1134
Date Daytime Phone #