

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

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90072 050 ****61.25

DOCUMENT # 732031

1. Entity Name

FIRST ASSEMBLY OF GOD CHURCH OF LYNN HAVEN, INC.



Principal Place of Business

**920 FLORIDA AVENUE
LYNN HAVEN FL 32444**

Mailing Address

**920 FLORIDA AVENUE
LYNN HAVEN FL 32444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2244747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCIVER, WINNELL
2203 EDGEWOOD DRIVE
PANAMA CITY FL 32405**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

TITLE **P** ☒ Delete
NAME **ROYALS, CHARLES**
STREET ADDRESS **3411 HWY 389**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ Delete
NAME **MARKH, JOE**
STREET ADDRESS **1109 E 24TH ST.**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **SDT** ☐ Delete
NAME **MCIVER, WINNELL**
STREET ADDRESS **2203 EDGEWOOD DR**
CITY-ST-ZIP **PANAMA CITY, FL 00000**

TITLE **D** ☒ Delete
NAME **PATE, CHOYCE**
STREET ADDRESS **1329 ST. ANDREWS BLVD.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☒ Delete
NAME **OBERT, JOHN**
STREET ADDRESS **5940 STEPHENS DR**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **DARWIN GLASS**
STREET ADDRESS **1704 COX ST.**
CITY-ST-ZIP **SOUTHPORT, FL 32409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Ethelyn Landrum**
STREET ADDRESS **2315 Mary ANN DR.**
CITY-ST-ZIP **Southport, FL 32409**

TITLE **D** ☒ Change ☐ Addition
NAME **Charles Rosalis**
STREET ADDRESS **7421 Market ST**
CITY-ST-ZIP **South Port, FL 32409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Winnell McIver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-04

Date

(850) 912-4139

Daytime Phone #