

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90290 030 ****61.25

40060710



04122005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2250294

Applied For
Not Applicable

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

DOCUMENT # 733154

1. Entity Name
FAITH MISSION ASSEMBLY OF GOD, INC.



Principal Place of Business
FAITH ASSEMBLY GOD CHURCH
GRACEVILLE, FL 32240

Mailing Address
3848 BONY BRIDGE RD
GRACEVILLE, FL 32240

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

FELTER, ALDERMAN JR.
3848 BONY BRIDGE RD
GRACEVILLE, FL 32440

7. Name and Address of New Registered Agent

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 re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, REV JOHN	
STREET ADDRESS	909 BAYWOOD RD	
CITY-ST-ZIP	DOTHAN, AL 36305	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALDERMAN JR, FELTER	
STREET ADDRESS	3848 BONY BRIDGE RD	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAULK, JOE	
STREET ADDRESS	1195 REED LANE	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNELL, DANNY	
STREET ADDRESS	1029 HIGHWAY 171	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, REX	
STREET ADDRESS	1163 ELEANOR RD	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Presently Vacant	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Buddy Berry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3619 Highway 77	
STREET ADDRESS	Graceville, FL 32440	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Felter Alderman

4-15-05

(850) 263-6949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #