2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734282

Name:

Address:

City-St-Zip:

RAWLS, ROBERT

632 BARBADOS RD.

JACKSONVILLE, FL 32216

FILED Mar 19, 2004 Secretary of State

Entity Name: ARLINGTON ASSEMBLY OF GOD, INC. **Current Principal Place of Business: New Principal Place of Business:** 88 ARLINGTON ROAD JACKSONVILLE, FL 32211 **Current Mailing Address: New Mailing Address:** 88 ARLINGTON ROAD JACKSONVILLE, FL 32211 FEI Number: 59-1512672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARREN, JULIAN 345 E FORSYTH ST JACKSONVILLE, FL US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CROOK, RICK E Name: Name: Address: 4026 SBEL DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: () Delete Title: () Change () Addition MORRISON, VIRGINIA Name: Name: Address: 4917 TOP ROYAL LANE Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: () Delete Title: (X) Change () Addition RICHARDS, BRENDA Name: DEAREN, RENEE Name: 6643 BRANDEMERE RD 12632 MISSION HILL CIRCLE N. Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32225 Title: VD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RICK E CROOK DP 03/19/2004