

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

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90047 046 \*\*\*\*70.00

**DOCUMENT # 744688**

1. Entity Name

THE FIRST PENTECOSTAL CHURCH OF SANFORD, INC.



Principal Place of Business

203 E. 16TH ST  
SANFORD FL 32771-3415  
US

Mailing Address

203 E. 16TH ST.  
SANFORD FL 32771-3415  
US

34046003



MOORE CR2E037 (11/03)

2. Principal Place of Business

1691 N. CAMERON AVE

Suite, Apt. #, etc.

3. Mailing Address

1691 N. CAMERON AVE

Suite, Apt. #, etc.

City & State

SANFORD, FL.

City & State

SANFORD, FL.

4. FEI Number

59-2956521

Applied For

Not Applicable

Zip

32771

Country

SEMINOLE

Zip

32771

Country

SEMINOLE

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAY, STEPHEN D.  
4218 MEETING PLACE  
SANFORD FL 32773

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 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 PD  
NAME REINHARDT, RONALD R. ☐ Delete  
STREET ADDRESS 2682 CRATER COURT  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE SD  
NAME MAY, STEPHEN D. ☐ Delete  
STREET ADDRESS 4218 MEETING PLACE  
CITY-ST-ZIP SANFORD FL

TITLE D  
NAME SHONK, RICHARD ☐ Delete  
STREET ADDRESS 2539 EL PORTAL  
CITY-ST-ZIP SANFORD FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

*Stephen D. May*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04

Date

407-323-4929

Daytime Phone #