

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90102 012 ****61.25

DOCUMENT # 746789

1. Entity Name

THE KINGSWAY FIRST CHURCH OF GOD, INC.



Principal Place of Business
2808 KINGSWAY ROAD
SEFFNER FL 33584-5520

Mailing Address
2808 KINGSWAY RD S
SEFFNER FL 33584
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04) :

4. FEI Number

59-3115208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FULLER, PHYLLIS
2806 KINGSWAY RD. S
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name *CAROLYN Compton*

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

13535 Neeley Rd.

City *Dover*

FL

Zip Code *33527*

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

Carolyn Compton

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

5-1-05

DATE

**FILE NOW: 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 CD ☐ Delete
NAME COMPTON, JOE
STREET ADDRESS 13535 NEELEY ROAD
CITY-ST-ZIP DOVER FL 33527

TITLE T ☐ Delete
NAME COMPTON, CAROLYN
STREET ADDRESS 13535 NEELEY RD.
CITY-ST-ZIP DOVER FL 33527

TITLE SD ☐ Delete
NAME REYNOLDS, HELEN
STREET ADDRESS 2618 KINGSWAY ROAD
CITY-ST-ZIP SEFFNER FL 33584

TITLE PD ☒ Delete
NAME FULLER, PHYLLIS
STREET ADDRESS 2806 KINGSWAY RD., 6
CITY-ST-ZIP SEFFNER FL 33584

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

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:

Carolyn Compton **CAROLYN Compton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-05
Date

Daytime Phone #

813-654-1675