

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749153

FILED
Jan 11, 2005
Secretary of State

Entity Name: WEST FLORIDA DISTRICT COUNCIL ASSEMBLIES OF GOD,INC.

Current Principal Place of Business:

4792 HIGHWAY 90 EAST
HWY 90 E
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 166
BOX 166
MARIANNA, FL 32447 US

New Mailing Address:

4792 HIGHWAY 90
MARIANNA, FL 32446 US

FEI Number: 59-2240501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAKELSKY, MARK
POST OFFICE BOX 166
4792 HIGHWAY 90 EAST
MARIANNA, FL 32447 US

Name and Address of New Registered Agent:

JAKELSKY, MARK
4792 HIGHWAY 90
MARIANNA, FL 32446 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:

01/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, ROBERT S
Address: 4792 HIGHWAY 90 EAST
City-St-Zip: MARIANNA, FL 32446 US

Title: VD () Delete
Name: LOWERY, GLYN, JR.
Address: 3948 HWY 90 EAST
City-St-Zip: PACE, FL 32571 US

Title: STD () Delete
Name: JAKELSKY, MARK E
Address: 4792 HIGHWAY 90 EAST
City-St-Zip: MARIANNA, FL 32446 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARK JAKELSKY

STD

01/11/2005

Electronic Signature of Signing Officer or Director

Date