


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

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90352 017 *****70.00

DOCUMENT # 758739	
1. Entity Name FIRST PENTECOSTAL CHURCH OF INGLIS, INC.	

Principal Place of Business HWY. 40 P.O. BOX 658 INGLIS FL 34449 US	Mailing Address HWY. 40 P.O. BOX 658 INGLIS FL 34449 US
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2. Principal Place of Business 220 HIGHWAY 40 Inglis FL	3. Mailing Address P.O. Box 6064 OCALA, FL
Suite, Apt. #, etc. 220 HIGHWAY 40	Suite, Apt. #, etc. P.O. Box 6064
City & State INGLIS FL	City & State OCALA, FL
Zip 34449	Country U.S.
Country (LEVY) US	Zip 34478
Country (MARION)	Country U.S.



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent DRYSDALE, ROSS 22 NE TUSCAULLIA AVE. OCALA FL 34470	
7. Name and Address of New Registered Agent Name ROSS DRYSDALE Street Address (P.O. Box Number is Not Acceptable) 517 NE 9th ST City OCALA City FL Zip Code 34478	

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 Rev. Ross Drysdale Signature, typed or printed name of registered agent and title if applicable	DATE REV. ROSS DRYSDALE (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRYSDALE, ROSS REV 519 NE 9TH ST, #43 OCALA FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 517 NE 9th ST # 43
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, LANE 19741 SE 58TH AVE FORT PIERCE FL 34947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, DAVID 6629 S PLEASANT AVE FORT PIERCE FL 34947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOMOSSASA FL. 34427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, RAYMOND 6344 N JASPER TERRACE CRYSTAL RIVER FL 34428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I GIUNTA, LINDA 704 SE WENONA #3 OCALA FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20033 SE 111th AVE INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALEK, PENNY SUSAN #10 60TH ST YANKEETOWN FL 34498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Rev. Ross Drysdale** **REV. ROSS DRYSDALE** **4-17-05** **(352) 629-4585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #