4-13-95 B-3494 C

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:34

DOCUMENT # **764276** **(2)**

1. Corporation Name

THE ENGLEWOOD ASSEMBLY OF GOD, INCORPORATED

Principal Place of Business	Mailing Address
HE) 240 NO PINE ST ENGLEWOOD FL 34223	HE) 240 NO PINE ST ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1982
3a. Date of Last Report: 03/25/1994
4. FEI Number: 65-0099810 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25 SARASOTA	Country 30 SARASOTA

9. Name and Address of Current Registered Agent

HERBERT, RAYMOND F.
240 NORTH PINE ST
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Raymond F. Herbert Raymond F. Herbert - 4-5-95
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☒ Addition
NAME	HERBERT, RAYMOND F	12 NAME		
STREET ADDRESS	240 N PINE ST	13 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	14 CITY-ST-ZIP	- 34223	
TITLE	VD	21 TITLE		☐ Change ☒ Addition
NAME	HERBERT, VIVIAN V	22 NAME		
STREET ADDRESS	240 NORTH PINE ST	23 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	24 CITY-ST-ZIP	- 34223	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	WRIGHT, ROBERT	32 NAME	SAME AS #2) 12 Block	
STREET ADDRESS	11358 WILLIS PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☒ Addition
NAME	WALTERS, VIOLA	42 NAME		
STREET ADDRESS	2024 FIRE ISLAND ST.	43 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	44 CITY-ST-ZIP	- 34224	
TITLE	D	51 TITLE		☐ Change ☒ Addition
NAME	KONOPASEK, RAY	52 NAME		
STREET ADDRESS	1130 SOUTH LANE	53 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 00000	54 CITY-ST-ZIP	- 34223	
TITLE	D	61 TITLE		☐ Change ☒ Addition
NAME	MEYER, HOWARD	62 NAME		
STREET ADDRESS	2680 CARMINE ST	63 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	64 CITY-ST-ZIP	- 33595	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vivian V. Herbert Vivian V. Herbert 4-5-95 - 813-474-2687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082914