

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

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90012 017 ****61.25

DOCUMENT # 767728

1. Entity Name

24TH AVE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business

24TH AVE. CHURCH
1703 24TH AVE.
TAMPA FL 33510-3246
US

Mailing Address

% ELDER HARRY A. SCOTT, JR.
316 TERRACE DRIVE
BRANDON FL 33510-3246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2692276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, HARRY A JR
316 TERRACE DR.
BRANDON FL 33511

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SCOTT, ELDER HARRY
STREET ADDRESS 316 TERRACE DR.
CITY-ST-ZIP BRANDON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME BROWNE, FRANCES
STREET ADDRESS 1703 24TH AVE
CITY-ST-ZIP TAMPA FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SANCHEZ, BARBARA
STREET ADDRESS 2007 17TH AVE
CITY-ST-ZIP TAMPA FL 33605

TITLE
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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:

Harry A. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 19 2004 (813) 810-3023

Date

Daytime Phone #