

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 819778  
 1. Entity Name  
 THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD



Principal Place of Business      Mailing Address  
 1445 BOONVILLE AVENUE      1445 BOONVILLE AVENUE  
 SPRINGFIELD, MO 65802-1894      SPRINGFIELD, MO 65802-1894



06212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 44-0577787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 PENINSULAR FLORIDA DISTRICT COUNCILN  
 1437 E. MEMORIAL BLVD.  
 LAKELAND, FL 33801

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRASK, THOMAS E 1445 BOONVILLE AVENUE SPRINGFIELD, MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRIDGES, JAMES K 1445 BOONVILLE AVENUE SPRINGFIELD, MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WOOD, GEORGE O 1445 BOONVILLE AVENUE SPRINGFIELD, MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000162894  
 06/28/04-80001-014 61.25

**DO NOT WRITE IN THIS SPACE**

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: James K. Bridges      6/22/04      (417) 862-2781  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #