

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819778

FILED
Jan 28, 2005
Secretary of State

Entity Name: THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD

Current Principal Place of Business:

1445 BOONVILLE AVENUE
SPRINGFIELD, MO 658021894

New Principal Place of Business:

Current Mailing Address:

1445 BOONVILLE AVENUE
SPRINGFIELD, MO 658021894

New Mailing Address:

FEI Number: 44-0577787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PENINSULAR FLORIDA DISTRICT COUNCILN
1437 E. MEMORIAL BLVD.
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRASK, THOMAS E
Address: 1445 BOONVILLE AVENUE
City-St-Zip: SPRINGFIELD, MO

Title: TD () Delete
Name: BRIDGES, JAMES K
Address: 1445 BOONVILLE AVENUE
City-St-Zip: SPRINGFIELD, MO

Title: SD () Delete
Name: WOOD, GEORGE O
Address: 1445 BOONVILLE AVENUE
City-St-Zip: SPRINGFIELD, MO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRASK, THOMAS E
Address: 1445 BOONVILLE AVENUE
City-St-Zip: SPRINGFIELD, MO 65802 US

Title: TD (X) Change () Addition
Name: BRIDGES, JAMES K
Address: 1445 BOONVILLE AVENUE
City-St-Zip: SPRINGFIELD, MO 65802 US

Title: SD (X) Change () Addition
Name: WOOD, GEORGE O
Address: 1445 BOONVILLE AVENUE
City-St-Zip: SPRINGFIELD, MO 65802 US

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: JAMES K. BRIDGES

TD

01/28/2005

Electronic Signature of Signing Officer or Director

_____ Date