

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # F99000000408

1. Entity Name
THE (EPHESUS) CHURCH OF GOD, INC.



Principal Place of Business

**2716 ELLIS AVENUE
PO BOX 1063
EATON PARK, FL 33840**

Mailing Address

**2716 ELLIS AVENUE
PO BOX 1063
EATON PARK, FL 33840**



02072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INGALLS, ROBERT
2716 ELLIS AVE.
EATON PARK, FL 33840**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

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

**P
JONES, ROBERT L
5503 ZION RD.
JONESBORO, AR 72404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
JONES, KENNETH L (SR.)
5503 ZION RD.
JONESBORO, AR 72404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
JONES, JAMES A
2206 WHITLOCK PL
DOVER, FL 33527**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000225585
02/11/05-80046-001 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-05 (813) 681-4877

Date

Daytime Phone #