

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90046 013 ****61.25

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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

DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

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 \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, ROBERT L
STREET ADDRESS	5503 ZION RD.
CITY- ST- ZIP	JONESBORO, AR 72404
TITLE	V
NAME	JONES, KENNETH L (SR.)
STREET ADDRESS	5503 ZION RD.
CITY- ST- ZIP	JONESBORO, AR 72404
TITLE	ST
NAME	JONES, JAMES A
STREET ADDRESS	2206 WHITLOCK PL
CITY- ST- ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/06 (43) 681-4877
Date Daytime Phone #