

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # N00000002752**

1. Entity Name  
**LITTLE ROCK ASSEMBLY OF GOD, INC.**



Principal Place of Business

1923 HIGHWAY 173  
BONIFAY, FL 32425

Mailing Address

1672 HIGHWAY 173  
GRACEVILLE, FL 32440



04112004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**32-0007852**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAKE, ROY A ESQ  
3269 HIGHWAY 90 EAST  
BONIFAY, FL 32425

**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 reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 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  
D  
STEVERSON, HARVEY  
3307 A.J. STEVERSON RD.  
BONIFAY, FL 32425

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CARNLEY, WAYNE  
3466 HWY 160  
BONIFAY, FL 32425

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CRAWFORD, CAROLYN  
STEVERSON RD  
BONIFAY, FL 32425

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000137118  
04/29/04-80026-017 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:**

*Wayne Carnley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

Date

547-2235

Daytime Phone #