

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90106 044 ****61.25

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04082005 Chg-NP CR2E037 (10/03)

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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 32-0007852				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAKE, ROY A ESQ 3269 HIGHWAY 90 EAST BONIFAY, FL 32425			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	Jimmie Wilson 1950 Airport 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, CAROLYN STEVERSON RD BONIFAY, FL 32425		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>X [Signature]</i>			4/11/05 850-547-2235		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		