

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-04-2004 90009 047 ****70.00

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MOORE CR2E037 (11/03)

DOCUMENT # N00000004998 1. Entity Name ASSEMBLY OF FAITH, INC.					
Principal Place of Business 11197 NE 65TH STREET BRONSON FL 32621				Mailing Address P.O. BOX 1336 BRONSON FL 32621	
2. Principal Place of Business 11197 N.E. 65th St. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1336 Suite, Apt. #, etc.			
City & State BRONSON, FL.		City & State BRONSON, FL.		4. FEI Number 59-3672264	
Zip 32621		Country Levy		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANTON, LONZELL 11197 NE 65TH STREET PO BOX 1336 BRONSON FL 32621				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 <u>Pastor Lonzell Blanton</u> <u>Assembly of Faith, Inc.</u> <u>1-27-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 <input type="checkbox"/> Delete BLANTON, LONZELL 11197 NE 65TH STREET BRONSON FL 32621 <i>Pastor</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles Dees 4826 S.W. 45th St. Gainesville, FL 32608 <i>Elder</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BLANTON, BEVERLY 11197 NE 65TH STREET BRONSON FL 32621 <i>Secretary + Treasurer</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Judy Dees 4826 S.W. 45th St. Gainesville, FL 32608 <i>Ast. Pastor</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NOLAN, LINDA 3930 SW 7TH AVENUE RD OCALA FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eloise Sims 5253 N.E. 134th Ave. Williston, FL 32696 <i>Elder</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sara Thomas 412 S.E. 4th DR. Williston, FL 32696 <i>Elder</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Pastor Lonzell Blanton</u> <u>1-27-04</u> <u>352-486-6537</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					