


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004998

1. Entity Name
ASSEMBLY OF FAITH, INC.




Principal Place of Business
11197 N.E. 65TH ST
BRONSON FL 32621

Mailing Address
P.O. BOX 1336
BRONSON FL 32621

2. Principal Place of Business
11197 N.E. 65th St.

3. Mailing Address
P.O. Box 1336

Suite, Apt. #, etc.
BRANSON, Florida

Suite, Apt. #, etc.
BRANSON, Florida

City & State
32621

City & State

Zip
32621

Country
Levy

Zip
32621

Country
Levy

1st MOORE CR2E037 (10/05)

4. FEI Number
59-3672264

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$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 Lonzell Blanton DATE 1-24-06

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BLANTON, LONZELL			NAME			
STREET ADDRESS	11197 NE 65TH STREET			STREET ADDRESS			
CITY-ST-ZIP	BRONSON FL 32621			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BLANTON, BEVERLY			NAME			
STREET ADDRESS	11197 NE 65TH STREET			STREET ADDRESS			
CITY-ST-ZIP	BRONSON FL 32621			CITY-ST-ZIP			
TITLE	E	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DEES, CHARLES			NAME			
STREET ADDRESS	4826 S.W. 45TH ST			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32608			CITY-ST-ZIP			
TITLE	AP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DEES, JUDY			NAME			
STREET ADDRESS	48261 S.W. 45TH STQ			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32608			CITY-ST-ZIP			
TITLE	E	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	THOMAS, SARA			NAME			
STREET ADDRESS	412 S.E. 4TH SR			STREET ADDRESS			
CITY-ST-ZIP	WILLISTON FL 32696			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lonzell Blanton DATE: 1-24-06 352-486-653