

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90046 041 *****70.00

DOCUMENT # N00000004998

1. Entity Name

ASSEMBLY OF FAITH, INC.



Principal Place of Business

Mailing Address

11197 N.E. 65TH ST
BRONSON FL 32621

P.O. BOX 1336
BRONSON FL 32621



2. Principal Place of Business - No P.O. Box #

11197 N.E. 65th St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1336

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

BRONSON, FL.

City & State

BRONSON, FL.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

| | | |
|-----------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BLANTON, LONZELL | |
| STREET ADDRESS | 11197 NE 65TH STREET | |
| CITY - ST - ZIP | BRONSON FL 32621 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | BLANTON, BEVERLY | |
| STREET ADDRESS | 11197 NE 65TH STREET | |
| CITY - ST - ZIP | BRONSON FL 32621 | |
| TITLE | E | <input type="checkbox"/> Delete |
| NAME | DEES, CHARLES | |
| STREET ADDRESS | 4826 S.W. 45TH ST | |
| CITY - ST - ZIP | GAINESVILLE FL 32608 | |
| TITLE | AP | <input type="checkbox"/> Delete |
| NAME | DEES, JUDY | |
| STREET ADDRESS | 48261 S.W. 45TH STQ | |
| CITY - ST - ZIP | GAINESVILLE FL 32608 | |
| TITLE | E | <input type="checkbox"/> Delete |
| NAME | THOMAS, SARA | |
| STREET ADDRESS | 412 S.E. 4TH SR | |
| CITY - ST - ZIP | WILLISTON FL 32696 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07

Date

352-486-6537

Daytime Phone #