2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002839

FILED Feb 23, 2004 Secretary of State

Entity Name: EVANGEL WORSHIP CENTER ASSEMBLY OF GOD, INC.

		New Principal Place of Business:
MARIANN	BLE HILL RD A, FL 32448	
Current M	lailing Address:	New Mailing Address:
	BLE HILL RD A, FL 32448	
FEI Number	: 59-3602290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	I Address of Current Registered Ager	nt: Name and Address of New Registered Agent:
	. LAVON BLE HILL RD A, FL 32448	
	enamed entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registere	d Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () Delete PETTIS, L. LAVON 2645 PEBBLE HILL RD MARIANNA, FL 32448	Title: () Change () Addition Name: Address:
		City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete BOONE, HAYES JR 4854 DAVIS DR MARIANNA, FL 32446	Title: () Change () Addition Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Title: Name: Address:	T () Delete BOONE, HAYES JR 4854 DAVIS DR	Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	T () Delete BOONE, HAYES JR 4854 DAVIS DR MARIANNA, FL 32446 T () Delete WIGGINS, STEVEN A 2695 MINERAL RD	Title: () Change () Addition Name: Address: City-St-Zip: Title: T (X) Change () Addition Name: WYNN, CHARLES M Address: 3086 WATSON DRIVE
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	T () Delete BOONE, HAYES JR 4854 DAVIS DR MARIANNA, FL 32446 T () Delete WIGGINS, STEVEN A 2695 MINERAL RD MARIANNA, FL 32448 T () Delete OWENS, GREG 4679 SHEFFIELD DRIVE	Title: () Change () Addition Name: Address: City-St-Zip: Title: T (X) Change () Addition Name: WYNN, CHARLES M Address: 3086 WATSON DRIVE City-St-Zip: MARIANNA, FL 32446 Title: T (X) Change () Addition Name: LOWERY, JOHN D Address: 3081 JOYCE DRIVE

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. LAVON PETTIS D 02/23/2004