

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2004
Secretary of State**

DOCUMENT# N01000006641

Entity Name: MEDART ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

4647 CRAWFORDVILLE HWY.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 190
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-2877790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCFALLS, JEFFERY L PASTOR
202 FOXRUN CIRCLE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BECK, LOWELL E
Address: 50 ATLEE LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: JORDON, EUGENE
Address: 61 RUSSELL DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: MCFALLS, JEFFERY L
Address: 202 FOXRUN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: COMPTON, MICHAEL
Address: 40 LAMAR COURT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: STEWART, MICHAEL
Address: 754 REHWINKLE ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: KELLEY, GREGORY
Address: 36 DESMOND STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LOWELL E. BECK

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01/09/2004

Electronic Signature of Signing Officer or Director

Date