

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

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-11-2004 90033 041 ****61.25

DOCUMENT # N02000006593 1. Entity Name FORWARD IN THE SPIRIT CHURCH OF GOD, INC.					
Principal Place of Business 1523 WEST POWDERHORN ROAD TITUSVILLE FL 32796			Mailing Address 1523 WEST POWDERHORN ROAD TITUSVILLE FL 32796		
2. Principal Place of Business 515 N. WASHINGTON AVE. TITUSVILLE, FLORIDA 32796		3. Mailing Address 1523 W. POWDERHORN RD. TITUSVILLE, FL 32796			
City & State 32796		City & State 32796		4. FEI Number 59-3110918	
Zip B		Country B		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODNEY, GIFFORD M 515 NORTH WASHINGTON AVENUE TITUSVILLE FL 32796				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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					
TITLE	NAME	Delete			
NAME	RODNEY, GIFFORD M REV.	<input type="checkbox"/>			
STREET ADDRESS	1523 WEST POWDERHORN ROAD				
CITY-ST-ZIP	TITUSVILLE FL 32796				
TITLE	VD	<input type="checkbox"/>			
NAME	RODNEY, SADIE R				
STREET ADDRESS	1523 WEST POWDERHORN ROAD				
CITY-ST-ZIP	TITUSVILLE FL 32796				
TITLE	SD	<input type="checkbox"/>			
NAME	ROBERTS, NOREEN S.				
STREET ADDRESS	ROCK PIT ROAD APT. 8C				
CITY-ST-ZIP	TITUSVILLE FL 32796				
TITLE	D	<input type="checkbox"/>			
NAME	TAYLOR, WANDA M				
STREET ADDRESS	ROCK PIT ROAD APT. 11C				
CITY-ST-ZIP	TITUSVILLE FL 32796				
TITLE	TD	<input type="checkbox"/>			
NAME	BRYANT, BETTY				
STREET ADDRESS	2803 HICKORY CIRCLE				
CITY-ST-ZIP	MIMS FL 32754				
TITLE		<input type="checkbox"/>			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	Change	Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	Change	Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	Change	Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	Change	Addition		
STREET ADDRESS					
CITY-ST-ZIP					
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: <i>Gifford M. Rodney</i> GIFFORD M. RODNEY 2-21-04 321-269-0609 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					