

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006593

1. Entity Name

FORWARD IN THE SPIRIT CHURCH OF GOD, INC.



Principal Place of Business

515 N. WASHINGTON AVE.
TITUSVILLE FL 32796

Mailing Address

1523 WEST POWDER HORN ROAD
TITUSVILLE FL 32796

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3110918

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODNEY, GIFFORD M
515 NORTH WASHINGTON AVENUE
TITUSVILLE FL 32796

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

Gifford M. Rodney

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

(NOTE: Registered Agent signature required when reinstating)

03-08-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	RODNEY, GIFFORD M REV.	
STREET ADDRESS	1523 WEST POWDERHORN ROAD	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODNEY, SADIE R	
STREET ADDRESS	1523 WEST POWDERHORN ROAD	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBERTS, NOREEN S	
STREET ADDRESS	ROCK PIT ROAD APT. 8C	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, WANDA M	
STREET ADDRESS	ROCK PIT ROAD APT. 11C	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRYANT, BETTY	
STREET ADDRESS	2803 HICKORY CIRCLE	
CITY-ST-ZIP	MIMS FL 32754	
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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/05-80036-021 61.25

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: *Gifford M. Rodney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-05 321-269-0607

Date

Daytime Phone