

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


FILED
Apr 23, 2004 8:00 am
Secretary of State

04-12-2004 90322 041 ****61.25

66414523



This is out of MOORE CR2E037 (11/03) old number

| | | | |
|---|--|---|--|
| DOCUMENT # N03000000495 | |  | |
| 1. Entity Name - ALTON CHURCH OF GOD, INC. | | | |
| Principal Place of Business RT 2 BOX 1491 MAYO FL 32066 | | Mailing Address RT 2 BOX 1491 MAYO FL 32066 | |
| 2. Principal Place of Business 2329 E US 27 | | 3. Mailing Address 2329 E US 27 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Mayo, FL | | City & State | |
| Zip 32066 | Country Lafayette | Zip 32066 | Country Lafayette |
| 4. FEI Number 59-2345918 | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HODGE, CHARLES E JR. RT 2 BOX 1491 MAYO FL 32066 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P HODGE, CHARLES E JR RT 2 BOX 1491 MAYO FL 32066 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Pres. Hodge, Charles Jr. 2329 E US Hwy 27 Mayo, FL 32066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST PERRY, M A RT 3 BOX 193 MAYO FL 32066 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Sec. / Treas. Randall Smith 643 NW Grandview Rd Mayo, FL 32066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP Ken Hooper 487 S.E. Circle Dr. Mayo, FL 32066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Randall Smith | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Randall Smith | |
| | | Date 4-6-04 Daytime Phone # (386) 208-3291 | |