

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005900

1. Entity Name
FLORIDA COUNCIL OF CHURCHES OF GOD 7TH DAY,
INC.



Principal Place of Business
2969 SEMINOLE ROAD
WEST PALM BEACH, FL 33416

Mailing Address
P.O. BOX #19796
WEST PALM BEACH, FL 33416

FILED
Apr 21, 2005 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

03172005 No Chg-NP CR2E037 (10/03)

4. FEI Number
14-1900385

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONALDSON, ALVA A
11 SOUTHWEST 8TH COURT
DELRAY BEACH, FL 33444

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
JOHNSON, STEPHEN E
516 NORTHWEST 4TH AVE
HALLANDALE BEACH, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
DONALDSON, ALVA A
11 SOUTHWEST 8TH COURT
DELRAY BEACH, FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREA
SMITH, COLLEEN
1572 OLD CYPRESS TRAIL
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000320942
04/21/05-80057-015 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVA DONALDSON Sec

3/18/05

(561) 573-0396

Date

Daytime Phone #