

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90034 026 \*\*\*\*61.25

**DOCUMENT # N03000008257**



1. Entity Name  
**NOMA ASSEMBLY OF GOD, NOMA, FLORIDA, INC.**

Principal Place of Business  
**1062 TINDELL STREET  
NOMA, FL 32452**

Mailing Address  
**1062 TINDELL STREET  
NOMA, FL 32452**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

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

**ENFINGER, TERRI  
3474 HIGHWAY 2  
BONIFAY, FL 32425**

Name **Glenda Watson**  
Street Address (P.O. Box Number is Not Acceptable)  
**1673 M.C. Carnley Rd.**

City **Bonifay** **FL** Zip Code **32425**

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

*Glenda Watson Secretary*

**3-28-05**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **SNELL, EUNICE**  
STREET ADDRESS **672 PRICE ROAD**  
CITY-ST-ZIP **SLOCOMB, AL 36375**

TITLE **D** ☒ Delete  
NAME **ENGINGER, BETTY**  
STREET ADDRESS **3474 HWY 2**  
CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE **D** ☐ Delete  
NAME **PETERS, CHARLES**  
STREET ADDRESS **3465 KELLY AVENUE**  
CITY-ST-ZIP **NOMA, FL 32452**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition  
NAME **Jerome Ward**  
STREET ADDRESS **1037 Walter St.**  
CITY-ST-ZIP **Esto FL 32425**

TITLE **D** ☐ Change ☐ Addition  
NAME **Dwayne Watson**  
STREET ADDRESS **1673 M. C. Carnley Rd.**  
CITY-ST-ZIP **Bonifay, FL 32425**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: *Dwayne Watson* **DWAYNE WATSON** **3-28-05-850-849-7982**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #