


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90083 027 ****70.00

DOCUMENT # N04000003583 1. Entity Name EVANGEL ASSOCIATION OF CHURCHES AND MINISTRIES II, INC.					
Principal Place of Business 3150 DUNDEE ROAD WINTER HAVEN, FL 33884			Mailing Address 3150 DUNDEE ROAD WINTER HAVEN, FL 33884		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1758 Suite, Apt. #, etc.			
City & State Winter Haven, FL		City & State Winter Haven, FL		4. FEI Number 34-1989135	
Zip 33882		Country Polk		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAY, ALONZO T SR. 3150 DUNDEE ROAD WINTER HAVEN, FL 33884				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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	P GAY, ALONZO T SR. 3150 DUNDEE ROAD WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	V GAY, SANDRA R REV. 3150 DUNDEE ROAD WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	T PISCOPO, SHERILL DR. 28491 UTICA ROAD ROSEVILLE, MI 48066	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D AMARAL, TYRONE J 47 SEAWALL DRIVE BOAZ ISLAND, BERMUDA MAO1,	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D WELLS, BARBARA REV. 105 PARKER LANE NE WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
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: _____ 5/4/05 (863) 585-4079 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone</small>					