

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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
**P.O. BOX 1758
WINTER HAVEN, FL 33882**



01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1989135

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GAY, ALONZO T SR.
3150 DUNDEE ROAD
WINTER HAVEN, FL 33884**

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAY, ALONZO T SR.
STREET ADDRESS	3150 DUNDEE ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	V
NAME	GAY, SANDRA R REV.
STREET ADDRESS	3150 DUNDEE ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	T
NAME	PISCOPO, SHERILL DR.
STREET ADDRESS	28491 UTICA ROAD
CITY-ST-ZIP	ROSEVILLE, MI 48066
TITLE	D
NAME	AMARAL, TYRONE J
STREET ADDRESS	47 SEAWALL DRIVE
CITY-ST-ZIP	BOAZ ISLAND, BERMUDA MAO1,
TITLE	D
NAME	WELLS, BARBARA REV.
STREET ADDRESS	582 TERRANOVA CIR
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000596309
01/23/07-80075-003 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

Dr Alonzo T. Gay, Sr.

1/17/07 (863) 318-8941