

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003583

FILED
Jan 21, 2009
Secretary of State

Entity Name: EVANGEL ASSOCIATION OF CHURCHES AND MINISTRIES II, INC.

Current Principal Place of Business:

3150 DUNDEE ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1758
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 34-1989135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAY, ALONZO T SR.
Address: 3150 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: V () Delete
Name: GAY, SANDRA R
Address: 3150 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: PISCOPO, SHERILL DR.
Address: 28491 UTICA ROAD
City-St-Zip: ROSEVILLE, MI 48066

Title: D () Delete
Name: AMARAL, TYRONE J
Address: 47 SEAWALL DRIVE
City-St-Zip: BOAZ ISLAND, BERMUDA MAO1,

Title: D () Delete
Name: WELLS, BARBARA
Address: 582 TERRANOVA CIR
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AMARAL, TYRONE J DR.
Address: 47 SEAWALL DRIVE
City-St-Zip: BOAZ ISLAND, BA MAO1

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR, ALONZO T. GAY, SR.

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date