

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07720

FILED
Jan 18, 2005
Secretary of State

Entity Name: FLORIDA STATE ASSOCIATION OF CHURCH OF GOD (EVENING LIGHT REFORMATION), INC.

Current Principal Place of Business:

10941 WINGATE RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10941 WINGATE RD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EVANS JR., REV. DR RENE
10941 WINGATE RD
JACKSONVILLE, FL 32218 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: DP () Delete
Name: EVANS, RENE REV
Address: 10941 WINGATE ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: DVP () Delete
Name: SMITH, REGINALD G DR
Address: 2310 NW 115TH AVENUE
City-St-Zip: MARGATE, FL 33313

Title: DSVP () Delete
Name: BELL, RONALD REV
Address: 11601 4TH STREET #1603
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: T () Delete
Name: CONNELLY, ULYSSES
Address: 1848 LAKEWOOD DRIVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ULYSSES F. CONNELLY

TREA

01/18/2005

Electronic Signature of Signing Officer or Director

Date