

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90295 018 \*\*\*\*70.00

**DOCUMENT # N09644**

1. Entity Name-

COLEMAN FIRST ASSEMBLY OF GOD, INC.



Principal Place of Business

505 MULBERRY STREET  
COLEMAN FL 33521

Mailing Address

P.O. BOX 38  
COLEMAN FL 33521

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2243523

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

CLAYTON, SAMUEL W  
HWY 470 CR 531  
SUMTERVILLE FL 33585

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

*Samuel W. Clayton*

4-25-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 ☐ Delete  
NAME CLAYTON, SAMUEL W  
STREET ADDRESS HWY 470 CR 531  
CITY-ST-ZIP SUMTERVILLE FL

TITLE ☐ Delete  
NAME TERRY, MARY  
STREET ADDRESS 4528 CR 508  
CITY-ST-ZIP WILDWOOD FL 34785

TITLE ☒ Delete  
NAME GANUS, KEVIN  
STREET ADDRESS 10752 ANNA BELLE AVE.  
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☐ Delete  
NAME STOWELL, IRVIN  
STREET ADDRESS 1165 CR 650  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ☐ Delete  
NAME CLAYTON, TIMOTHY  
STREET ADDRESS 2191 E. C.R. 470  
CITY-ST-ZIP SUMTERVILLE FL 33585

TITLE ☒ Delete  
NAME RIVERA, JOSE  
STREET ADDRESS 4602 E. WARM SPRINGS AVE.  
CITY-ST-ZIP COLEMAN FL 33521

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME D/WP  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME DAVID A. DALE  
STREET ADDRESS 715 BOITMOIT LANE  
CITY-ST-ZIP BUSHNELL, FL 33513-4532

TITLE ☐ Change ☒ Addition  
NAME D/S  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME H B OXENDINE  
STREET ADDRESS 2022 SW 97 AVE  
CITY-ST-ZIP BUSHNELL, FL 33513-6215

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: *David Dale* - DAVID DALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 352-748-3456

Date

Daytime Phone #