

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90131 032 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

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

CLAYTON, SAMUEL W
HWY 470 CR 531
SUMTERVILLE FL 33585

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

Samuel W Clayton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-05

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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	DVP	<input type="checkbox"/> Delete
NAME	CLAYTON, SAMUEL W	
STREET ADDRESS	HWY 470 CR 531	
CITY-ST-ZIP	SUMTERVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRY, MARY	
STREET ADDRESS	4528 CR 508	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DALE, DAVID A	
STREET ADDRESS	715 BOITHOIT LANE	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STOWELL, IRVIN	
STREET ADDRESS	1165 CR 650	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAYTON, TIMOTHY	
STREET ADDRESS	2191 E. C.R. 470	
CITY-ST-ZIP	SUMTERVILLE FL 33585	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OXENDINE, H B	
STREET ADDRESS	2022 SW 97 AVE.	
CITY-ST-ZIP	BUSHNELL FL 33513	

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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivera, Jose	
STREET ADDRESS	P.O. Box 971	
CITY-ST-ZIP	Coleman, FL 33521-0971	

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

3-7-05

Date

251-748-3456

Daytime Phone #