

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90038 047 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

STOWELL, Irvin E.  
Street Address (P.O. Box Number is Not Acceptable)

1165 CR 650

Bushnell

City

FL

Zip Code  
33513

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

Irvin E. Stowell

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

(NOTE: Registered Agent signature is required when re-registering)

DATE

1 March 2008

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2008**

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 checked="" type="checkbox"/> Delete
NAME	CLAYTON, SAMUEL W	
STREET ADDRESS	HWY 470 CR 531	
CITY-ST-ZIP	SUMTERVILLE FL	
TITLE	D	<input checked="" 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	PITTMAN, ELAINE	
STREET ADDRESS	2105 MARTIN ST	
CITY-ST-ZIP	COLEMAN FL 33521	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, JOSE	
STREET ADDRESS	PO BOX 971	
CITY-ST-ZIP	COLEMAN FL 33521-0971	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nanci Canaday	
STREET ADDRESS	747 SR 471	
CITY-ST-ZIP	Sumterville, FL 33585	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frances Wohlfahrt	
STREET ADDRESS	2300 CR 524	
CITY-ST-ZIP	Sumterville, FL 33585-4930	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

DAVID A. DALE - Pastor/Pres. 3-7-08 351-748-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page No.