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

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 13, 2004 8:00 am Secretary of State DOCUMENT # N14224 1. Entity Name 04-13-2004 90033 013 ****61.25 FIRST ASSEMBLY OF GOD, INC. OF YULEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 579 P.O. BOX 579 YULEE FL 32097 506.SOUTH US HWY 17 P.O. BOX 579 YULEE FL 32097 94051588 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2464429 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Phipps-BOYETTE, JAMES H 5324 RESSIE DR JACKSONVILLE FL 32218 Lofton Trial Zip Code 32097 <u>ulee</u> 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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change ☐ Addition TITLE Delete TERRY, CHARLES NAME NAME 1788 PARKER ROAD STREET ADDRESS STREET ADDRESS YULEE FL 32097 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change | Addition MICKEL, JAMES NAME NAME 1930 JO ANN ROAD STREET ADDRESS STREET ADDRESS YULEE FL 32097 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE TITLE Addition Terry Kathy 1788 Parker Rd COOPER; SHIRLEY NAME NAME PO BOX 1085 STREET ADDRESS STREET ADDRESS YULEE FL 32041 Yulee, fi 32097 CITY-ST-ZIP CITY-ST-ZIP DEAC Change Delete Deace TITLE ☐ Addition TITLE COLETRAN, PRESTON Lee Thomas (morris) NAME NAME 3263 PLANTATION RD. STREET ADDRESS 1360 Stevens Ad STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-7/P <u>Fernandina</u> Beach DEAC ☐ Delete TITLE ☐ Change ☐ Addition TITLE MITCHELL, HERBERT NAME NAME PO BOX 311 STREET ADDRESS STREET ADDRESS YULEE FL 32041 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

904)225-4159