

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15381

FILED
Apr 22, 2005
Secretary of State

Entity Name: POLK CITY ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

530 COMMONWEALTH
P.O. BOX 356
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

530 COMMONWEALTH
P.O. BOX 356
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 59-2733325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWLOR, WALTER REV.
530 COMMONWEALTH AVE
PO BOX 356
POLK CITY, FL 33868 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: PD () Delete
Name: BYRD, DAVID G
Address: 10138 SLAUGHTER CIR
City-St-Zip: POLK CITY, FL 33868

Title: D () Delete
Name: STEADINAN, BOBBY
Address: 2610 ISLAND OAKS
City-St-Zip: LAKE LAND, FL 33805

Title: D () Delete
Name: FLOYD, JOHN
Address: 4325 FOX TOWN ROAD NORTH
City-St-Zip: POLK CITY, FL 33868

Title: D () Delete
Name: JACKLIN, JOHN
Address: 411 MARKLEN LOOP
City-St-Zip: POLK CITY, FL 33868

Title: D () Delete
Name: HINZMAN, HAROLD
Address: 733 SECOND ST
City-St-Zip: POLK CITY, FL 33868

Title: D () Delete
Name: SMITH, GRADY
Address: 1101 33RD ST NW
City-St-Zip: WINTER HAVEN, FL 33881

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:

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

Title: D (X) Change () Addition
Name: DOWDY, RALPH
Address: 519 ROSE WOOD
City-St-Zip: POLK CITY, FL 33868

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: WALTER LAWLOR

REV

04/22/2005

Electronic Signature of Signing Officer or Director

Date