

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

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90993 017 \*\*\*\*61.25

**DOCUMENT # N20899**

1. Entity Name

HOSANNA ASSEMBLY OF GOD, INC.



Principal Place of Business

18924 COUNTY LINE RD  
SPRING HILL FL 34610 -6152

Mailing Address

18924 COUNTY LINE RD  
SPRING HILL FL 34610 -6152

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

59-2803414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASHBURN, PAUL - DR.  
1324 SEVEN SPRINGS BLVD., #156  
TRINITY FL 34655

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

*PAUL WASHBURN*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/18/04*

**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 TRES  
NAME WEST, JAMES M MR.  
STREET ADDRESS 1091 ROOSEVELT AVE  
CITY-ST-ZIP MASARYKTOWN FL 34609 ☐ Delete

TITLE DEAC  
NAME BOWSHER, GEORGE M MR.  
STREET ADDRESS 14121 PEACE BLVD  
CITY-ST-ZIP SPRING HILL FL 34610 ☐ Delete

TITLE DEAC  
NAME ALBERTS, DAVID MR.  
STREET ADDRESS 14118 LINDEN DR.  
CITY-ST-ZIP SPRING HILL FL 34609 ☒ Delete

TITLE PRES  
NAME WASHBURN, PAUL DR.  
STREET ADDRESS 1324 SEVEN SPRINGS BLVD., #156  
CITY-ST-ZIP TRINITY FL 34655 ☐ Delete

TITLE TTEE  
NAME GRIFFITH, GARY  
STREET ADDRESS 24298 MCCAW RD  
CITY-ST-ZIP BROOKSVILLE FL 34605 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

*JAMES M. WEST* / JAMES M. WEST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/18/04* 352-799-2821