

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

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90009 009 \*\*\*\*61.25

**DOCUMENT # N25040**

1. Entity Name

EMMANUEL PENTECOSTAL ASSEMBLY OF GOD, INC



Principal Place of Business

C/O MABEL JOHNSON  
2309 BROWN STREET  
PORT CHARLOTTE FL 33948  
US

Mailing Address

C/O MABEL JOHNSON  
2309 BROWN STREET  
PORT CHARLOTTE FL 33948  
US

54065892



MOORE CR2E037 (4/04)

2. Principal Place of Business

3960 New London St

3. Mailing Address

3960 New London St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port, FL

City & State

North Port, FL

4. FEI Number

26-2332037

Applied For

Not Applicable

Zip

34288

Country

U.S.

Zip

34288

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, MABEL  
2309 BROWN STREET  
PORT CHARLOTTE FL 33948

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

*M. Johnson* President

7-25-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, AMBROZINE	
STREET ADDRESS	3518 SHAWN STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, MABEL	
STREET ADDRESS	2309 BROWN STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, NAOMI	
STREET ADDRESS	2309 BROWN STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BATTLE, RUTH	
STREET ADDRESS	402 E JANETTE AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HYLTON, EDWARD	
STREET ADDRESS	21240 ARGYLE AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELOTTE, NOREEN	
STREET ADDRESS	370 MACARTHUR AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	

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	TD
STREET ADDRESS	Ruth Battle
CITY-ST-ZIP	2308 Brown St. Pt. Charlotte, FL 33948
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 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:

*R. A. Battle* Ruth Ann Battle (TD) 7-25-04 941 627-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #