


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90039 002 ****70.00

DOCUMENT # N25040 1. Entity Name EMMANUEL PENTECOSTAL ASSEMBLY OF GOD, INC					
Principal Place of Business 3960 NEW LONDON STREET NORTH PORT, FL 34288 US				Mailing Address 3960 NEW LONDON STREET NORTH PORT, FL 34288 US	
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 26-2332037				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARGUHARSON, MICHELLE		NAME		
STREET ADDRESS	21276 PEMBERTON AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MABEL		NAME		
STREET ADDRESS	2309 BROWN STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, NAOMI		NAME		
STREET ADDRESS	2309 BROWN STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATTLE, RUTH		NAME		
STREET ADDRESS	2308 BROWN ST		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HYLTON, EDWARD		NAME		
STREET ADDRESS	21240 ARGYLE AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELOTTE, NOREEN		NAME		
STREET ADDRESS	370 MACARTHUR AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Ruth Battle</u> <u>Ruth Battle</u>			<u>8.9.06.</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		