

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31590

FILED  
May 01, 2005  
Secretary of State

Entity Name: ASSEMBLY OF TOGETHERNESS IN CHRIST, INC.

**Current Principal Place of Business:**

%SAMUEL JOHNSON  
2422 E. EMMA STREET  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

%SAMUEL JOHNSON  
2422 E. EMMA STREET  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 59-2989987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JOHNSON, SAMUEL  
2422 E. EMMA STREET  
TAMPA, FL 33610    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: JOHNSON, SAMUEL,  
Address: 2422 E. EMMA STREET  
City-St-Zip: TAMPA, FL

Title: STD      ( ) Delete  
Name: JOHNSON, CARMEN A.B.,  
Address: 2422 E. EMMA STREET  
City-St-Zip: TAMPA, FL

Title: D      ( ) Delete  
Name: JENNINGS, FRANCES C.,  
Address: 1746 ST. JOSEPH STREET  
City-St-Zip: TAMPA, FL

**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:

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: SAMUEL N. JOHNSON

PD

05/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date