

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

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90003 027 ****61.25

DOCUMENT # N32336

1. Entity Name

PENTECOSTAL ASSEMBLY OF CHRIST, INC.



Principal Place of Business

PENTECOSTAL ASSEMBLY OF CHRIST, INC.
243 LOWERBRIDGE ROAD
CRAWFORDVILLE FL 32327

Mailing Address

FRANK STALLWORTH JR.
383 HARDAWAY HWY.
CHATTAHOOCHEE FL 32324

54060174



MOORE

CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

57-0931839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STALLWORTH, FRANK JR.
RT. 1 BOX 526
CHATTAHOOCHEE FL 32324

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 *Frank Stallworth Jr.*

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 PD
NAME STALLWORTH, FRANK JR.
STREET ADDRESS 383 HARDAWAY HWY.
CITY-ST-ZIP CHATTAHOOCHEE FL 32324 ☐ Delete

TITLE SD
NAME GREEN, BETTY
STREET ADDRESS P.O. BOX 648 N/A
CITY-ST-ZIP CRAWFORDVILLE FL 32326-0684 ☐ Delete

TITLE TD
NAME REED, WILTON
STREET ADDRESS PO BOX 352 N/A
CITY-ST-ZIP CRAWFORDVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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
NAME
STREET ADDRESS
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 *Frank Stallworth Jr.* / *Frank Stallworth Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #