

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

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90049 025 ****61.25

DOCUMENT # N33332

1. Entity Name

HILLIARD FIRST ASSEMBLY OF GOD, INC.



Principal Place of Business

541627 US HIGHWAY 1
HILLIARD FL 32046
US

Mailing Address

C/O BETTY BAHL
PO BOX 670
HILLIARD FL 32046
US

34016370



MOORE CR2E037 (11/03)

2. Principal Place of Business

551630 US Highway 1

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hilliard, FL 320

City & State

4. FEI Number

59-2256005

Applied For

Not Applicable

Zip

32046

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAHL, BETTY
2392 N KINGS RD
P.O. BOX 670
HILLIARD FL 32046

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

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 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 PD ☐ Delete
NAME JOHNS, ARLIE W.
STREET ADDRESS 2323 MICHIGAN ST
CITY-ST-ZIP HILLIARD FL

TITLE D ☐ Delete
NAME RAULERSON, DANNY
STREET ADDRESS RT 5 BOX 9840
CITY-ST-ZIP HILLIARD FL

TITLE S ☐ Delete
NAME HINSON, DIANA
STREET ADDRESS RT 5 BOX 9095
CITY-ST-ZIP HILLIARD FL

TITLE B ☐ Delete
NAME BAHL, BETTY
STREET ADDRESS RT 5 BOX 9485
CITY-ST-ZIP HILLIARD FL

TITLE D ☐ Delete
NAME HINSON, STEVE
STREET ADDRESS RT 5 BOX 9095
CITY-ST-ZIP HILLIARD FL 32046

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Betty L Bahl, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BETTY L BAHL

2/11/04 (904) 845-2642
Date Daytime Phone #