

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90177 023 ****61.25

DOCUMENT # N49219 1. Entity Name CHRISTIAN LIFE ASSEMBLY OF GOD CHURCH, INCORPORATED					
Principal Place of Business 13065 JAQUELINE STREET BROOKSVILLE, FL 34613 US			Mailing Address 13065 JAQUELINE STREET BROOKSVILLE, FL 34613 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3130222	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HENSEL, JOHN R 1299 PIPER RD SPRING HILL, FL 34606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers 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 of the current or new registered agent and the filer (if filer is not the registered agent). (NOTE: Registered Agent signature required when not listing)					
Filing Fee is \$61.25 Due by May 1, 2005		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	P HENSEL, JOHN R 1299 PIPER RD SPRING HILL, FL 34606			☐ Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	D RUSSO, ED 1437 E MEMORIAL RD LAKELAND, FL 33813			☐ Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	ST HARTMAN, CHANCE 13020 DRYSDALE CT SPRING HILL, FL 34609			☒ Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP RABURN, TERRY 1437 E MEMORIAL RD LAKELAND, FL 33813			☐ Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	ST GARCIA, DAVID 20366 CORTEZ BLVD. BROOKSVILLE, FL 34601			☐ Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete			☐ Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	Matthew Dean 5390 Legend Hills Ln. Brooksville FL 34609			☐ 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 a letter or other name empowered.					
SIGNATURE: <i>Rev. John R. Hensel</i> 4/27/05 352-597-1139 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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