

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000492

FILED
Apr 30, 2004
Secretary of State**Entity Name:** FIRST ASSEMBLY OF GOD CHURCH OF SOUTHPORT, FLORIDA, INC.**Current Principal Place of Business:**7809 COUNTY HWY. 2302
SOUTHPORT, FL 32409**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 8107
SOUTHPORT, FL 32409 US**New Mailing Address:****FEI Number:** 59-3145970**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MEREDITH, MATTHEW C
304 MAGNOLIA AVENUE
PANAMA CITY, FL 32402 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:** D () Delete
Name: STUKEY, JAMES R
Address: 3922 CHARANNE LANE
City-St-Zip: PANAMA CITY, FL**Title:** D () Delete
Name: COGGINS, CLYDE W JR
Address: 1150 COGGINS LN
City-St-Zip: SOUTHPORT, FL 32409**Title:** P () Delete
Name: SELLERS, JOSEPH
Address: 7810 HWY 2302
City-St-Zip: SOUTHPORT, FL 32409**Title:** ST () Delete
Name: STUKEY, JANET
Address: 7415 RESOTA LANE
City-St-Zip: PANAMA CITY, FL**Title:** D () Delete
Name: CREAMER, BOBBY E
Address: P O BOX 8566
City-St-Zip: SOUTHPORT, FL 32409**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: STUKEY, JAMES R
Address: 3922 CHARANNA LANE
City-St-Zip: PANAMA CITY, FL 32409**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** ST (X) Change () Addition
Name: STUKEY, GAIL
Address: 3922 CHARANNA LANE
City-St-Zip: PANAMA CITY, FL 32409**Title:** D (X) Change () Addition
Name: CREAMER, BOBBY E
Address: P O BOX 8566
City-St-Zip: SOUTHPORT, FL 32409

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: JOSEPH SELLERS

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date