

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

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90450 016 ****61.25

DOCUMENT # N93000002285



1. Entity Name

INDIANTOWN FAITH TEMPLE CHURCH OF GOD, INC.

Principal Place of Business

14589 S.W. MARTIN LUTHER KING JR. DRI
CHURCH BLDG
INDIANTOWN FL 34956

Mailing Address

C/O DANIEL T. WEAVER
8584 S.E. DATE STREET
HOBE SOUND FL 33455
US

2. Principal Place of Business

14589 S.W. Martin Luther King Jr. Dri.
Suite, Apt. #, etc. Church Bldg.

3. Mailing Address

8584 SE. Date ST
Suite, Apt. #, etc. C/O Daniel T. Weaver



MOORE CR2E037 (11/03)

City & State

Indiantown FL

City & State

Hobe Sound FL

Zip

34956

Country

USA

Zip

33455

Country

USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAVER, DANIEL T
8584 SOUTHEAST DATE STREET
HOBE SOUND FL 33455

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 *Daniel T. Weaver - Daniel T. Weaver*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/13/04

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
NAME WEAVER, DANIEL T
STREET ADDRESS C/O 8584 SOUTHEAST DATE STREET
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE VD
NAME WEAVER, RAYMOND R
STREET ADDRESS C/O 8584 SOUTHEAST DATE STREET
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE SD
NAME WEAVER, DANNETTE
STREET ADDRESS C/O 8584 SOUTHEAST DATE STREET
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE TD
NAME WASHINGTON, JIMMIE
STREET ADDRESS C/O 8584 SOUTHEAST DATE STREET
CITY-ST-ZIP HOBE SOUND FL 33455 ☒ 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 *TD*
NAME *Kenyatta N. Rucker* ☐ Change ☒ Addition
STREET ADDRESS *P.O. Box 458*
CITY-ST-ZIP *Hobe Sound FL 33475*

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: *Daniel T. Weaver - Daniel T. Weaver* 05/03/04 772545-2955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #