

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90075 050 ****61.25

20013901



DOCUMENT # N93000003812 1. Entity Name PALATKA FULL GOSPEL MISSION, INC.					
Principal Place of Business P.O. BOX 2596 2804 REID ST. PALATKA, FL 32178			Mailing Address P.O. BOX 2596 PALATKA, FL 32178 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3214093	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEEL, MICHAEL E 331 OLD PENIEL ROAD PALATKA, FL 32177			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEEL, MICHAEL E		NAME		
STREET ADDRESS	331 OLD PENIEL RD.		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEEL, SHIRLEY D		NAME	SMITH, LINDA D	
STREET ADDRESS	331 OLD PENIEL RD.		STREET ADDRESS	158 HOOVER RD	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	HOLLISTER, FL 32147	
TITLE	DST <input type="checkbox"/> Delete		TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, LINDA D		NAME	DEEL, SHIRLEY D	
STREET ADDRESS	158 HOOVER RD.		STREET ADDRESS	331 OLD PENIEL RD	
CITY-ST-ZIP	HOLLISTER, FL 32147		CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, CINDY M		NAME		
STREET ADDRESS	102 BASS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN, FL 32148		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, BARBARA A		NAME		
STREET ADDRESS	104 BASS DR.		STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN, FL 32148		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Shirley D. Deel</u> <u>SHIRLEY D. DEEL</u> <u>2-17-05</u> <u>(386)328-8191</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					