2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000005001

1. Entity Name
ASSEMBLIES OF CHRIST INT'L., INC.

Principal Place of Business	Mailing Address
1929 W 24TH ST. PANAMA CITY, FL 32405	C/O WESLEY ODLE, JR. 1929 W. 24TH STREET PANAMA CITY, FL 32405 US

DO NOT WRITE IN THIS SPACE

01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3213308
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ODLE, WESLEY JR
1929 W. 24TH STREET
PANAMA CITY, FL 32405

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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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ODLE, WESLEY P
STREET ADDRESS	1929 W. 24TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VSD
NAME	ODLE, CARMA
STREET ADDRESS	1929 W. 24TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	ODLE, WESLEY III
STREET ADDRESS	3123 HIKES LANE
CITY-ST-ZIP	LOUISVILLE, KY 40220
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/06-80014-017 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Wesley P. Odle Jr 1-19-06 850-913-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #