

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 15, 2004  
Secretary of State**

DOCUMENT# N94000001976

Entity Name: BRATT ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

5150 W. HWY 4  
CENTURY, FL 32535

**New Principal Place of Business:**

**Current Mailing Address:**

5150 W. HWY 4  
CENTURY, FL 32535

**New Mailing Address:**

FEI Number: 59-2242172      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEEBLES, GLENIE  
1900 CHRISTIAN HOME DR  
MC DAVID, FL 32568 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: PEEBLES, LEROY  
Address: 5150 W. HWY 4  
City-St-Zip: CENTURY, FL 32535

Title: D ( ) Delete  
Name: PEEBLES, RAYMOND  
Address: 5150 W. HWY 4  
City-St-Zip: CENTURY, FL 32535

Title: D ( ) Delete  
Name: ELLIOTT, I V  
Address: 5150 W. HWY 4  
City-St-Zip: CENTURY, FL

Title: D ( ) Delete  
Name: RIGGS, JIM  
Address: 2971 OLD BRATT RD  
City-St-Zip: ATMORE, AL

Title: ST ( ) Delete  
Name: PEEBLES, GLENIE  
Address: 1900 CHRISTIAN HOME DR.  
City-St-Zip: MCDAVID, FL 32568

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GLENIE PEEBLES

ST

02/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date