


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26; 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000000055</b> 1. Entity Name HARDAWAY ASSEMBLY OF GOD, INC.	
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Principal Place of Business 2914 PINE GROVE CH RD QUINCY, FL 32351	Mailing Address 2914 PINE GROVE CH RD QUINCY, FL 32351
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**DO NOT WRITE IN THIS SPACE**



01162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0564910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BRASWELL, PEARL E  
2914 PINE GROVE CHURCH ROAD  
QUINCY, FL 32351-5465

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IN THIS SPACE**

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)

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RYALS, ROBIN A 66 N. VIRGINIA ST. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEAN, JOHN H RT. 1 BOX 886 CHATTAHOOCHEE, FL 32324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDLER, TOMMY W 10632 BLUESTAR HWY QUINCY, FL 32352
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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IN THIS SPACE**

11/27/05-20017-006 \$1.25

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:** Tommy W. Sandler Tommy W. Sandler 1-20-05 850-856-5490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #