2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N98000003734 03-23-2005 90040 030 ****70.00 WAUSAU ASSEMBLY OF GOD CHURCH, INC. Principal Place of Business Mailing Address CORNER OF 77 & PIONEER RD. P.O. BOX 294 WAUSAU, FL 32463 WAUSAU, FL 32463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-3034035 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name PETTIS, PENNY 1896 FIRETOWER RD Street Address (P.O. Box Number is Not Acceptable) CHIPLEY, FL 32428 Zip Code 8. The above named entity-sybmits 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. 3/15/05 SIGNATURE ent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61,25 9. Election Campaign Financing \$5.00 May Be Make check peyable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DTLE ☐ Delete TITLE ☐ Change ☐ Addition MCCLELLAN, TONY NAME NAME STREET ADDRESS **602 MICHIGAN AVE** STREET ADDRESS CITY-ST-ZIP LYNN HAVEN, FL 32444 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME SMEKER, JERRY NAME STREET ADDRESS PIONEER RD STREET ADORESS CITY-ST-ZIP CHIPLEY, FL 32428 CITY-ST-ZIP TD ☐ Delete TITLE ☐ Addition WALSINGHAM, JOHN R NAME 1942 JOHNERIC RD STREET ADDRESS STREET ADORESS CHIPLEY, FL 32428 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT: F ☐ Chance Addition NAME MILLER, JOHNNY 1586 LEDGER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIPLEY, FL 32428 CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE ☐ Addition Chance Chance NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7P

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/15/05

850482-305

Daytime Phone #

FILED

Mar 23, 2005 8:00 am