


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90197 049 ****61.25

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DOCUMENT # N99000000180					
1. Entity Name IVAN ASSEMBLY OF GOD CHURCH, INC.					
Principal Place of Business 202 IVAN CHURCH ROAD CRAWFORDVILLE, FL 32327			Mailing Address 202 IVAN CHURCH ROAD CRAWFORDVILLE, FL 32327		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREEN, ARNOLD 134 COLEMAN ROAD CRAWFORDVILLE, FL 32327				Name <u>Bryan Maness</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>190 Ivan Church rd.</u>	
				City <u>Crawfordville</u> FL Zip Code <u>32327</u>	
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 <u>Bryan Maness</u>		SIGNATURE <u>Bryan Maness</u>		DATE <u>7-7-05</u>	
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 September 7, 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	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COBB, DEBBIE	NAME	Gary Ashburn		
STREET ADDRESS	85 NEW LIGHT CHURCH RD.	STREET ADDRESS	179 Ivan Church rd		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville, FL 32327		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GREEN, ARNOLD	NAME	Bryan Maness		
STREET ADDRESS	134 COLEMAN RD	STREET ADDRESS	190 Ivan Church rd.		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville, FL 32327		
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LORD, AGNES	NAME			
STREET ADDRESS	361 WAKULLA ARAN RD.	STREET ADDRESS			
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	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			
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			
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>Bryan Maness</u>		DATE: <u>7-7-05</u>		DAYTIME PHONE: <u>850-926-8666</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	