


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		4. FEI Number 59-3558528	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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>	
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 #	