


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90072 021 ****70.00

DOCUMENT # N99000003704			
1. Entity Name CAMPTON ASSEMBLY OF GOD CHURCH, INC.			
Principal Place of Business 6924 HIGHWAY 85 NORTH LAUREL HILL FL 32567		Mailing Address 6924 HIGHWAY 85 NORTH LAUREL HILL FL 32567	
2. Principal Place of Business Church - worship		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number **59-3649999** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent KELLY, JOHN W 6924 HIGHWAY 85 NORTH LAUREL HILL FL 32567		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 reappointing) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	CEOT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JOHN W	NAME	
STREET ADDRESS	6932 HIGHWAY 85 NORTH	STREET ADDRESS	
CITY-ST-ZIP	LAUREL HILL FL 32567	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JOHN W	NAME	
STREET ADDRESS	6932 HIGHWAY 85 NORTH	STREET ADDRESS	
CITY-ST-ZIP	LAUREL HILL FL 32567	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, LAURA A	NAME	
STREET ADDRESS	6781 HIGHWAY 85 NORTH	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	CITY-ST-ZIP	
TITLE	DCOB <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSEY, TOMMY	NAME	
STREET ADDRESS	6849 HIGHWAY 85 NORTH	STREET ADDRESS	
CITY-ST-ZIP	LAUREL HILL FL 32567	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 exemptions contained in Section 119, 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: Rev John W. Kelly

2-1-06 850-652-4581