## 2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 704875** 

Entity Name: FIRST ASSEMBLY OF GOD, INC., OF PALATKA, FORIDA

**FILED** Nov 05, 2021 **Secretary of State** 1474700468CC

## **Current Principal Place of Business:**

3111 ST. JOHNS AVENUE PALATKA, FL 32177-4131

## **Current Mailing Address:**

3111 ST. JOHNS AVENUE PALATKA, FL 32177-4131 US

FEI Number: 59-2240885 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

HOBBS, JOSHUA 3111 ST. JOHNS AVENUE PALATKA, FL 32177-4131 US

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.

SIGNATURE:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR, SECRETARY Title DIRECTOR

Name ZIEGLER, THOMAS KARL Name ALLENDER, JOHN

114 WHITNEY STREET Address 7300 CRILL AVENUE Address

> City-State-Zip: SATSUMA FL 32189 PALATKA FL 32177

Title DIRECTOR Title

DIRECTOR, TREASURER Name DONALDSON, RANDY Name FLOWERS, DAVID Address **822 DAWN AVENUE** 208 OLD PENIEL ROAD Address

City-State-Zip: PALATKA FL 32148 PALATKA FL 32177 City-State-Zip:

Title DIRECTOR **PRESIDENT** 

Title Name RYAN, THOMAS YORK Name HOBBS, JOSHUA

Address 119 POINT OF WOODS TRAIL 3111 SAINT JOHNS AVE Address

City-State-Zip: PALATKA FL 32177 City-State-Zip: PALATKA FL 32177

Title **OTHER** 

Name RAMOS, AMANDA

Address 117C PHINNEY TRAILER PARK ROAD

City-State-Zip: PALATKA FL 32177

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

11/05/2021 SIGNATURE: AMANDA RAMOS **OTHER** 

Electronic Signature of Signing Officer/Director Detail

Date