

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704875

Entity Name: FIRST ASSEMBLY OF GOD, INC., OF PALATKA, FLORIDA**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 SAINT JOHNS AVE
PALATKA, FL 32177 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name ZIEGLER, THOMAS KARL
Address 7300 CRILL AVENUE
#32
City-State-Zip: PALATKA FL 32177

Title DIRECTOR
Name ALLENDER, JOHN
Address 114 WHITNEY STREET
City-State-Zip: SATSUMA FL 32189

Title DIRECTOR
Name DONALDSON, RANDY
Address 822 DAWN AVENUE
City-State-Zip: PALATKA FL 32148

Title DIRECTOR
Name RYAN, THOMAS YORK
Address 119 POINT OF WOODS TRAIL
City-State-Zip: PALATKA FL 32177

Title DIRECTOR
Name HESS, JADE
Address 106 CREMER LANE
City-State-Zip: PALATKA FL 32177

Title DIRECTOR, SECRETARY
Name FLOWERS, DAVID
Address 208 OLD PENIEL ROAD
City-State-Zip: PALATKA FL 32177

Title PRESIDENT
Name HOBBS, JOSHUA
Address 3111 SAINT JOHNS AVE
City-State-Zip: PALATKA FL 32177

Title DIRECTOR, TREASURER
Name GILL, AARON
Address 108 ROUND LAKE CIRCLE
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.

SIGNATURE: JOSHUA HOBBS**PRESIDENT****02/27/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date