

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000010314

**FILED**  
**Mar 06, 2024**  
**Secretary of State**  
**9779100651CC**

**Entity Name:** ACTIVATE CHURCH ASSEMBLY OF GOD INC

**Current Principal Place of Business:**

3600 NW 43RD STREET  
SUITE G2  
GAINESVILLE, FL 32606

**Current Mailing Address:**

3600 NW 43RD STREET  
SUITE G2  
GAINESVILLE, FL 32606

**FEI Number:** 88-4089833

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LANCASTER, SOPHIE M  
3600 NW 43RD STREET  
SUITE G2  
GAINESVILLE, FL 32606 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            CEO  
Name            BRACEWELL, GARY  
Address        25159 NW 10TH AVE  
City-State-Zip: NEWBERRY FL 32669

Title            P  
Name            LANCASTER, SOPHIE  
Address        1104 SW 245TH WAY  
City-State-Zip: NEWBERRY FL 32669

Title            VP  
Name            LANCASTER, JOEL  
Address        1104 SW 245TH WAY  
City-State-Zip: NEWBERRY FL 32669

Title            T  
Name            STAKELY, CHRISTIAN  
Address        424 NW 232ND TERRACE  
City-State-Zip: NEWBERRY FL 32669

Title            SEC  
Name            CEDANT, SHYANNA  
Address        3928 SW 30TH TERRACE  
City-State-Zip: GAINESVILLE FL 32608

*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:** SOPHIE LANCASTER

**PRESIDENT**

**03/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date