

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25040

Entity Name: EMMANUEL PENTECOSTAL ASSEMBLY OF GOD, INC**Current Principal Place of Business:**3960 NEW LONDON STREET
NORTH PORT, FL 34288**Current Mailing Address:**3960 NEW LONDON STREET
NORTH PORT, FL 34288 US**FEI Number:** 26-2332037**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSON, MABEL
2309 BROWN STERET
PORT CHARLOTTE, FL 33948 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	D
Name	ELCOCK, MICHELLE
Address	404 SAN AMBROSIO ST.
City-State-Zip:	PUNTA GORDA FL 33983

Title	VP
Name	JOHNSON, NAOMI
Address	2309 BROWN STREET
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	S
Name	PATTERSON, CHRISTINE
Address	3203 BELLEFONTE AVE.
City-State-Zip:	NORTH PORT FL 34286

Title	OFFICER
Name	VICTOR, ETIENNE
Address	386 HINTON ST.
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	P
Name	JOHNSON, MABEL
Address	2309 BROWN STREET
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	TD
Name	BATTLE, RUTH
Address	2308 BROWN ST
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	D
Name	THOMPSON, EVADNE
Address	23357 QUASAR BLVD
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	OFFICER
Name	VICTOR, CLEANTE
Address	386 HINTON AVE
City-State-Zip:	PORT CHARLOTTE FL 33954

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: RUTH BATTLE

TD

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date