

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H90183

Entity Name: DALLAS 1 CORPORATION**Current Principal Place of Business:**10328 MAIN ST
THONOTOSASSA, FL 33592**Current Mailing Address:**PO BOX 249
THONOTOSASSA, FL 33592 US**FEI Number:** 59-2610376**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AZZARELLI, BARTLE JIII
10328 MAIN STREET
THONOTOSASSA, FL 33592 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	SEC
Name	AZZARELLI, JAN
Address	PO BOX 249
City-State-Zip:	THONOTOSASSA FL 33592

Title	CEO
Name	AZZARELLI, BARTLE JJR
Address	PO BOX 249
City-State-Zip:	THONOTOSASSA FL 33592

Title	CHIEF MINISTRY OFFICER
Name	MARTIN, SHAWN
Address	PO BOX 249
City-State-Zip:	THONOTOSASSA FL 33592

Title	PRESIDENT
Name	AZARRELLI, BARTLE JIII
Address	PO BOX 249
City-State-Zip:	THONOTOSASSA FL 33592

Title	COO
Name	SHORES, BUD
Address	PO BOX 249
City-State-Zip:	THONOTOSASSA FL 33592

Title	CFO
Name	BOYD, JAMES
Address	PO BOX 249
City-State-Zip:	THONOTOSASSA FL 33592

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES BOYD

CFO

05/20/2019

Electronic Signature of Signing Officer/Director Detail_____
Date