

2019 FLORIDA PROFIT CORPORATION AMENDED 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 VP
Name TIMOTHY, SMITH
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

Title ASSISTANT VICE-PRESIDENT -
CONTRACT ADMINISTRATOR/EEOC
OFFICER
Name SHIRLEY, WILEY
Address PO BOX 249
City-State-Zip: THONOTOSASSA FL 33592

Continues on page 2

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 W. BOYD

CFO

08/15/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CHIEF ESTIMATOR
Name	ED , HARRIS
Address	PO BOX 249
City-State-Zip:	THONOTOSASSA FL 33592