



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 06/30/2021

Annual Report: No filing fee if received by the due date.

	B0626-0665
Return completed form within 30 days to	
Idaho Secretary of State	7/2
Attn: Annual Reports	
450 North 4th Street	6
Boise, ID 83720	1
Phone: (208) 334-2300	N
	2

<b>SOS Control</b> i	Number: 85019 Filing Status: Active-Good Standing				
Non-Profit Cor	poration (D)	Date Formed: 06/11/19	l: 06/11/1948 Formation Locale: ID		
Name and Mailing Address: ASSEMBLY OF GOD CHURCH OF CALDWELL, IDAHO, INC GERALD WAYNE CROWNOVER 821 N 16TH AVE CALDWELL, ID 83605-3481			(1) Add or Change Mailing Address:  ASSEMBLY OF GOD CHURCH OF CALDWE  821 N 16TH AJE.  CALDWELL, ID 83605-3481		
Registered Agent (RA) and Registered Office (RO) Address: GERALD WAYNE CROWNOVER 3811 CROWN ST CALDWELL, ID 83605			(2) Change RA and/or RO Address:  R WAYNE EKLUND  821 H ILTH AVE.  CALDWELL, ID 83605		Received b
	Note: The Reg	istered Office address must be a ph	ysical Idaho address	(no postal box).	Ϋ́
(3) New Regis	stered Agent (RA) Signa		item (2) above, the ne	w agent must sign here to accept the appointme	H H
(4) Corporations:	Enter names and business ad	Idresses (with zip code) of the Preside	nt, Vice President, Se	cretary, Treasurer.	7 <u>2</u>
Title	Name	Business Address		City, State, Zip	<u> </u>
	R WAYNE EX		NE	CADWELL, 10 836	051
SECRETARY TREASURE	FLOX JORDA CLINT WILL	N 16956 PORTNI	ER SUB RO	CANDELL, ID 83651	5
(5) Board of Direct	ctors names and business add	resses (with zip code). Attach addition	nal sheet if necessary.		
Name Business Address			···	City, State, Zip	<b>—</b> ¥,
JEFF	FOREMAN.	23161 EL FASO 7	<b></b>	CADWELL D 83/2	15-20
Jim H	ANTOWER	21260 NOTUS R	5	GREENLEAF ID 836	2/4 5
RERNIE	MORALES	1065 TRIUMPH	$\mathcal{D}_{\mathbb{Z}}$	MINDLETON, ID 8364	43
JERRY	LACHURCH	F.O. Box 276		WILDER, 13 83676	<u> </u>
<u> </u>					<del></del>
(5) Signature:	P. Wagne	5 Shared	(6) Date:	7/23/21	——————————————————————————————————————
(7) Type/Print Nar	me: K. WAYNE	EXLUND	(8) Title:	RESIDENT	0

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.