



## **Idaho Corporation Annual Report Form**

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

File online at: sos.idaho.gov

Due no later than: 06/30/2019

## Return completed form within 30 day

**p**enney

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

			Phone	e: (208) 334-2300	-	
SOS Control	Number: 203344	Filing Status: Active-Good Standing				2
Non-Profit Corporation (D)		Date Formed: 06/09/1980	) Form	Formation Locale: ID		19
Name and Ma	ailing Address:	(1) Add or Change Mailing Address:			브	
	SSEMBLY OF GOD, INC	CORPORATED				2
1003 MERIDI						4
LENORE, ID	83541					ъ
						<u> </u>
Registered A	gent (RA) and Register	red Office (RO) Address:	(2) Change RA a	nd/or RO Address:		₽ e
MARVIN PRE			(-, -, -, -, -, -, -, -, -, -, -, -, -, -			Õ
1003 MERIDI						Ľ.
LENORE, ID	83541					ive
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	Note: The Reg	gistered Office address must be a phys	sical Idaho address	(no postal box).		λq
/2) New Besi	otored Agent (DA) Sign	oturo.				H
(3) New Key	stered Agent (RA) Sign	If a new agent is appointed in i	teni (2) above, the nev	v agent must sign here to ac	coept the appoi	
(4) Corporations	: Enter names and business a	ddresses (with zip code) of the President	, Vice President, Sec	cretary, Treasurer.		Ø
Title Name		Business Address		City, State, Zip		<u>. 0</u>
Office Held	Name	Street or PO Address	City	State Country		
PRESIDENT	MARVIN PREUSSLER	1003 MERIDIAN RD PO BOX 447	LENORE JULIAETT	ID USA A ID USA	83541 83535	et D
SECRETARY DIRECTOR	Marie Grant Clark Heath	15897 HEIMGARTNER RD	JULIAETT		83535	<u> </u>
TREASURER	MARIE GRANT	PO BOX 447	JULIAETT	A ID USA	83535	<u>~</u>
	ectors names and business add	fresses (with zip code). Attach additional	sheet if necessary.			0
Name	<del></del>	Business Address		City, State, Zip		TA
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1 1		35/3/ SE Douglas A	Ste 200	Inoquanue V	VA. 98D	65 42
Jay Norman		3404 Chakai Sn.		Classitor WI	9940	3 0
Marina	Paguela	208 W. Main St.		Kendirch I	N 0257	7
7.12(011	Preussler	JOB W. 11 aur St.		A SHOWLER I	7 0003	<u> </u>
						Ö
	21/	0				Ď
(5) Signature: <	Marin Gree	essler	(6) Date: 7-	3-2019	7940 D 8353	n
	me: Marvin Pr		(8) Title: Pas			D

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