


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

|   |  |         |   |   |          |
|---|--|---------|---|---|----------|
| <b>DOCUMENT # 706796</b>  |  |         |   |  |          |
| 1. Entity Name<br><b>FIRST ASSEMBLY OF GOD, INC. OF LAKE PLACID, FLORIDA</b>  |  |         |   |   |          |
| Principal Place of Business<br><b>327 PLUMOSA AVENUE<br/>LAKE PLACID FL 33852<br/>US</b>  |  |         | Mailing Address<br><b>POST OFFICE BOX 477<br/>LAKE PLACID FL 33862<br/>US</b> |   |          |
| 2. Principal Place of Business  |  |         | 3. Mailing Address  |   |          |
| Suite, Apt. #, etc.   |  |         | Suite, Apt. #, etc.   |   |          |
| City & State  |  |         | City & State  |   |          |
| Zip   |  | Country |   | Zip   |          |
| Country   |  | Country |   | 4. FEI Number<br><b>59-2352453</b>  |          |
|   |  |         |   | Applied For<br><input type="checkbox"/> Not Applicable                            |          |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |         |   | <b>\$8.75</b> Additional Fee Required   |          |
| 6. Name and Address of Current Registered Agent<br><br><b>BRYANT, JOHNNY<br/>345 PLUMOSA AVE<br/>LAKE PLACID FL 33852</b>   |  |         | 7. Name and Address of New Registered Agent                                   |   |          |
|   |  |         | Name  |   |          |
|   |  |         | Street Address (P.O. Box Number is Not Acceptable)                            |   |          |
|   |  |         | City  |   |          |
|   |  |         | <b>FL</b>   |   | Zip Code |
| 8. 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. I am familiar with, and accept the obligations of registered agent. |  |         |   |   |          |



1st MOORE CR2E037 (10/05)

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State  
ACH 7645 4/5/06**

| 10. OFFICERS AND DIRECTORS |                      |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |                                 |                                   |
|----------------------------|----------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | PDC                  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | BRYANT, JOHNNY (REV) |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 345 PLUMOSA AVENUE   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | LAKE PLACID FL       |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | D                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | BROWN, WAYNE         |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 8717 HAMPSHIRE DR    |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | SEBRING FL 33876     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | DT                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | CHANDLER, JOANN      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 601 SUNSET POINT DR  |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | LAKE PLACID FL 33852 |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | SD                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | WHITEHOUSE, KAY      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 942 LAKE DRIVE E     |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | LAKE PLACID FL 33852 |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                      |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                      |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |

U00000501028  
04/25/06-80045-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Johnny Bryant, Pastor* 4/6/05 863-465-2363