


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90045 020 ****61.25

DOCUMENT # 706796
 1. Entity Name
FIRST ASSEMBLY OF GOD, INC. OF LAKE PLACID, FLORIDA



Principal Place of Business Mailing Address
327 PLUMOSA AVENUE **POST OFFICE BOX 477**
LAKE PLACID FL 33852 **LAKE PLACID FL 33862**
US **US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
327 Plumosa Street **327 Plumosa Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-2352453** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



1st MOORE CR2EQ37 (10/07)

6. Name and Address of Current Registered Agent
BRYANT, JOHNNY
345 PLUMOSA AVE Street
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
345 Plumosa Street
 City **FL** 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.
 SIGNATURE Rev. Johnny Bryant, Pastor March 5, 2008
Signature, typed or printed name of registered agent and title, if applicable. DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC BRYANT, JOHNNY (REV) 345 PLUMOSA AVENUE LAKE PLACID FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFFORD, ROBERT 50 WINDWARD DR. LAKE PLACID FL 33852	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIXON, RALPH 456 HOOVER AVE. NE LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENNISI, FRANK P.O. BOX 201 LAKE PLACID FL 33862	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, RICHARD 185 WOODSIDE DR. LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	deacon William Johnson 201 Whatley Blvd. Sebring, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

check # 4458 3/5/08 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 March 5, 2008
 863-465-2363