2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# 730987

Entity Name: FIRST ASSEMBLY OF GOD OF WAUCHULA, INC.

Current Principal Place of Business:

1397 S. FLORIDA AVE.
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

PO BOX 1658
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 59-2235788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LECOCQ, ROBERT J
1397 S. FLORIDA AVE
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WRIGHT, RONNIE
Address: 845 ALTMAN ROAD
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: COBB, LAVON
Address: 1015 BRIARWOOD DRIVE
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: ALBRITTON, RALTON
Address: 412 N. 7TH AVENUE
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: SMITH, EARL
Address: 246 OLD DIXIE HWY
City-St-Zip: BOWLING GREEN, FL 33834

Title: D ( ) Delete
Name: GRACE, KENNY
Address: 3964 SUNSET DRIVE
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ROGERS, DUDLEY
Address: 1616 JOHN ROAD
City-St-Zip: WAUCHULA, FL 33873

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CHAPA, DAVID
Address: 2705 STEVE ROBERTS SPECIAL
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LECOCQ RA 02/27/2009
Electronic Signature of Signing Officer or Director — Date