

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736748

FILED
May 08, 2009
Secretary of State

Entity Name: FIRST ASSEMBLY OF GOD OF MILTON, MILTON, FLORIDA, INCORPORATED

Current Principal Place of Business:

6163 DOGWOOD RD.
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

6163 DOGWOOD RD.
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 59-2684496 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARSHALL, BARBARA
5712 BRONCO PL
MILTON, FL 32570 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: PD () Delete
Name: ROGERS, FRED E.
Address: 5756 MILL POND LN
City-St-Zip: MILTON FL,

Title: ST () Delete
Name: MARSHALL, BARBARA
Address: 5712 BRONCO PL
City-St-Zip: MILTON, FL 32570

Title: T () Delete
Name: KELLEY, DAVID
Address: 4252 AVENIDO DE GOLF
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: MITCHELL, JAMES
Address: 5255 SPRINGDALE DR
City-St-Zip: MILTON, FL 32570

Title: T () Delete
Name: ALMEIDA, PAT
Address: 5886 N. AIRPORT RD
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: PENDLETON, ROGER
Address: 5391 DELONA RD
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: FRED E. ROGERS

PD

05/08/2009

Electronic Signature of Signing Officer or Director

_____ Date