2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State
02-06-2006 90060 001 ****61.25

DOCUMENT # 737740

1. Entity Name
OAK CITY ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
3080 WEST TENNESSEE STREET TALLAHASSEE, FL 32304	3080 WEST TENNESSEE STREET TALLAHASSEE, FL 32304

02012006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6547532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, KENNY
7892 BRIARCREEK RD.
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name Daniel Cooksey
Street Address (P.O. Box Number is Not Acceptable)
1036 Bloxham Cutoff
City Crawfordville FL Zip Code 32327

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.

X SIGNATURE Daniel Cooksey 2/2/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARNER, JOHN 4450 SHERBONE ROAD TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILBERT, BILL 4716 FLOWERWOOD DR TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALKER, KENNY 7892 BRIARCREEK RD TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Daniel Cooksey 1036 Bloxham Cutoff Crawfordville, FL 32327 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALLBRITTON, DAVID 3641 WESTMORLAND DRIVE TALLAHASSEE, FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom OVERSTREET 517 MEADOW RIDGE DR. TALLAHASSEE, FL 32312 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, MORRIS 187 MOODY LANE HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

X **SIGNATURE:** Tom Overstreet Tom OVERSTREET 2-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #