

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750355

FILED
May 03, 2007
Secretary of State

Entity Name: FIRST ASSEMBLY OF GOD OF GAINESVILLE, FLORIDA, INC.

Current Principal Place of Business:

2925 N W 39TH AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2925 N W 39TH AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-2112089 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

PATZ, MICHAEL A REV
2925 NW 39TH AVE
GAINESVILLE, FL 32605 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: T () Delete
Name: SANTARSIERO, MICHAEL
Address: 4411 NW 32 STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete
Name: DILL, CARLTON
Address: 4529 NW 34 DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: PDP () Delete
Name: PATZ, MICHAEL A,
Address: 6434 NW 29 TERRACE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: REYES, JOSE
Address: 600 NW 36 STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: S (X) Change () Addition
Name: FURLONG, STEPHEN M
Address: 2518 NW 52 PLACE
City-St-Zip: GAINESVILLE, FL 32605

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: MICHAEL A PATZ

Electronic Signature of Signing Officer or Director

PDP

05/03/2007

Date