## 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. **New Principal Place of Business: Current Principal Place of Business:** 2925 N W 39TH AVENUE GAINESVILLE, FL 32605 **Current Mailing Address: New Mailing Address:** 2925 N W 39TH AVENUE GAINESVILLE, FL 32605 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: Name and Address of New Registered Agent: PATZ, MICHAEL A REV 2925 NW 39TH AVE GAINESVILLE, FL 32605 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SANTARSIERO, MICHAEL REYES, JOSE Name: Name: Address: 4411 NW 32 STREET Address: 600 NW 36 STREET City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32607 Title: () Delete Title: (X) Change ( ) Addition FURLONG, STEPHEN M Name: DILL, CARLTON Name: Address: 4529 NW 34 DRIVE Address: 2518 NW 52 PLACE City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32605 Title: PDP () Delete Title: () Change () Addition PATZ, MICHAEL A, Name: Name: 6434 NW 29 TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32653 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 PDP 05/03/2007