

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750355

**FILED**  
**Apr 06, 2009**  
**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 ( )**

**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: REYES, JOSE  
Address: 600 NW 36 STREET  
City-St-Zip: GAINESVILLE, FL 32607

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

Title: S      (X) Change ( ) Addition  
Name: WELCH, TIMOTHY  
Address: 4625 NE 16 TERRACE  
City-St-Zip: GAINESVILLE, FL 32609

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

04/06/2009

\_\_\_\_\_  
Date