2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008
Secretary of State

DOCUMENT# N01579

Entity Name: WEKIVA ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

1675 DIXON ROAD
LONGWOOD, FL 327792762

New Principal Place of Business:

Current Mailing Address:

1675 DIXON ROAD
LONGWOOD, FL 327792762

New Mailing Address:

FEI Number: 59-2401909 **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:

FREEMAN, GREGORY L.
5450 CARTER ROAD
LAKE MARY, FL 32746 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: FREEMAN, GREGORY L.,
Address: 5450 CARTER ROAD
City-St-Zip: LAKE MARY, FL

Title: TD ( ) Delete
Name: FREITAG, JOHN E
Address: 718 BRIARCREST DRIVE
City-St-Zip: ORANGE CITY, FL 32763

Title: VS ( ) Delete
Name: LASCO, STANLEY,
Address: 598 WHITTINGHAM PLACE
City-St-Zip: LAKE MARY, FL

Title: D ( ) Delete
Name: LASCO, STANLEY,
Address: 598 WHITTINGHAM PLACE
City-St-Zip: LAKE MARY, FL

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
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: GREGORY FREEMAN PD 07/10/2008
Electronic Signature of Signing Officer or Director — Date