


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90028 016 ****61.25

DOCUMENT # N07000006869			
1. Entity Name ARISE AND WALK GOSPEL ASSEMBLY INC.			
Principal Place of Business 7626 HARBOR BEND CIR. ORLANDO, FL 32822		Mailing Address 7626 HARBOR BEND CIR. ORLANDO, FL 32822	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 555 117	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando, FL	
Zip	Country	Zip	Country
32855-5117		32855-5117	USA
4. FEI Number		Applied For	
37-1556352		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YOUNGBLOOD, PAMELA 7626 HARBOR BEND CIR. ORLANDO, FL 32822		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	
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. Pamela Youngblood			
SIGNATURE Pamela Youngblood		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$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	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADEOGUN, DANIEL K	NAME	
STREET ADDRESS	7626 HARBOR BEND CIR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGBLOOD, PAMELA D	NAME	
STREET ADDRESS	4540 SOUTHLAKE ORLANDO PKWY.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSU, RONALD	NAME	
STREET ADDRESS	7626 HARBOR BEND CIR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBIKUNLE, EME O	NAME	
STREET ADDRESS	1704 MALLARD CT.	STREET ADDRESS	
CITY-ST-ZIP	UPPER MARLBORO, MD 20774	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
SIGNATURE: Pamela Youngblood		Date 3-24-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 407-835-3955	