

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08777

FILED  
May 16, 2006  
Secretary of State

**Entity Name:** FIRST ASSEMBLY OF GOD CHURCH OF FORT PIERCE, INC.

**Current Principal Place of Business:**

1806 S 33RD ST  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1661  
FORT PIERCE, FL 34954

**New Mailing Address:**

**FEI Number:** 65-0822932      **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:**

RABURN, ROBERT L  
712 S 9TH STREET  
FT. PIERCE, FL 34950      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:**

Title: PD      ( ) Delete  
Name: RABURN, ROBERT L  
Address: 712 SOUTH 9TH ST.  
City-St-Zip: FT. PIERCE, FL 34950

Title: D      ( ) Delete  
Name: MITCHELL, JOSEPH SR.  
Address: 3880 N. A1A APT. 403  
City-St-Zip: FORT PIERCE, FL 34949

Title: D      ( ) Delete  
Name: EGCH, GARY  
Address: 1205 APPLE ST  
City-St-Zip: FT. PIERCE, FL 34950

Title: SD      ( ) Delete  
Name: MCPHERSON, PATRICIA  
Address: 2050 OLEANDER BLVD. APT. #8-207  
City-St-Zip: FORT PIERCE, FL 34950

**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 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: ROBERT RABURN

PD

05/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date