# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2007**
**Secretary of State**

DOCUMENT# N12299

**Entity Name:** FIRST ASSEMBLY OF GOD OF HOMOSASSA SPRINGS, FLORIDA, INC.

**Current Principal Place of Business:**

C/O REV. CARL SENSABAUGH
6430 SOUTH LEWDINGAR DRIVE
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

C/O REV. CARL SENSABAUGH
6430 SOUTH LEWDINGAR DRIVE
HOMOSASSA, FL 34446

**New Mailing Address:**

**FEI Number: 59-2546870** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SENSABAUGH, CARL REV
6430 SOUTH LEWDINGAR DRIVE
HOMOSASSA, FL 34446 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: TD ( ) Delete
Name: SENSABAUGH, TIMOTHY,
Address: 247 PINE ST.
City-St-Zip: HOMOSASSA, FL 34446

Title: PD ( ) Delete
Name: SENSABAUGH, CARL REV
Address: 247 PINE ST
City-St-Zip: HOMOSASSA, FL 34446

Title: SD ( ) Delete
Name: SENSABAUGH, MARION
Address: 247 PINE ST
City-St-Zip: HOMOSASSA, FL 34446

**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:

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: TIMOTHY SENSABAUGH TD 01/08/2007

Electronic Signature of Signing Officer or Director Date