

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90047 046 ****61.25



DOCUMENT # N22993
 1. Entity Name
MIDWAY FIRST ASSEMBLY OF GOD, INC.

Principal Place of Business Mailing Address
 C/O DAVID L. LANG 5649 E. BAY BLVD.
 5649 E. BAY BLVD 5549 E. BAY BLVD
 GULF BREEZE FL 32563 GULF BREEZE FL 32563
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State City & State

4. FEI Number **59-2385380** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LANG, DAVID L
5649 E. BAY BLVD.
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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	TR	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, KENNETH	
STREET ADDRESS	2817 BRASSIE CIR	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	TR	<input type="checkbox"/> Delete
NAME	EDDINS, VALFORD R	
STREET ADDRESS	1808 ABERCROMBIE RD.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KELLY, ANITA A	
STREET ADDRESS	GUSEMAN ROAD	
CITY-ST-ZIP	GULF BREEZE FL 32566	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BIELAWSKI, SHERRILL	
STREET ADDRESS	1980 CHURCH STREET	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David L. Lang **DAVID L. LANG** 3-31-05 (888) 934-3033
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #