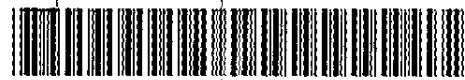


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # N22993</b> 1. Entity Name <b>MIDWAY FIRST ASSEMBLY OF GOD, INC.</b>				Principal Place of Business <b>C/O DAVID L. LANG 5649 E. BAY BLVD GULF BREEZE 32563 US</b>		Mailing Address <b>5649 E. BAY BLVD. 5649 E. BAY BLVD GULF BREEZE FL 32563 US</b>	
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2385380</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
<b>LANG, DAVID L 5649 E. BAY BLVD. GULF BREEZE FL 32563</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>			
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 re-registering) _____ DATE _____							
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	EDDINS, VALFORD R			NAME			
STREET ADDRESS	1808 ABERCROMBIE RD.			STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL			CITY-ST-ZIP	<b>U00000518542 05/02/06-80014-025 61.25</b>		
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	KELLY, ANITA A			NAME			
STREET ADDRESS	GUSEMAN ROAD			STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32566			CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	BIELAWSKI, SHERRILL			NAME			
STREET ADDRESS	1980 CHURCH STREET			STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32563			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
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"/> Add		
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 Section 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: *David L. Lang* **DAVID L. LANG** 4/17/06 (827) 972-7815