

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2009
Secretary of State**

DOCUMENT# 704260

Entity Name: THE PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD, INC.

Current Principal Place of Business:

1437 E. MEMORIAL BLVD.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 24687
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-0782460 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RABURN, TERRELL R
1437 E. MEMORIAL BLVD.
LAKELAND, FL 33801 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: VD () Delete
Name: BETZER, C. DAN
Address: 6901 HARBOR LN
City-St-Zip: FT MYERS, FL

Title: SD () Delete
Name: POWELL, STEVEN L
Address: 7303 GUNSTOCK DR
City-St-Zip: LAKELAND, FL 33809

Title: TD () Delete
Name: BLACKBURN, M. WAYNE
Address: 1401 GRIFFIN ROAD
City-St-Zip: LAKELAND, FL 33804

Title: PD () Delete
Name: RABURN, TERRELL R
Address: 418 PENINSULAR DR.
City-St-Zip: LAKELAND, FL 33813

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 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: PATRICIA J GRINSTEAD

CFO

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date