

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704718

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: FELLOWSHIP CHURCH ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

4405 N. GALLOWAY RD.  
LAKELAND, FL 33810 US

**New Principal Place of Business:**

**Current Mailing Address:**

4405 N. GALLOWAY RD.  
LAKELAND, FL 33810 US

**New Mailing Address:**

FEI Number: 59-2247709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

APPLEWHITE, DANIEL J  
4405 N GALLOWAY RD  
LAKELAND, FL 33810 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: P ( ) Delete  
Name: APPLEWHITE, DANIEL J  
Address: 4405 NORTH GALLOWAY RD.  
City-St-Zip: LAKELAND, FL 33810

Title: VP ( ) Delete  
Name: REYNOLDS, JAMES D  
Address: 3910 CHART PRINE RD.  
City-St-Zip: LAKELAND, FL 33810

Title: D ( ) Delete  
Name: MILLER, TODD  
Address: 5563 BLOOMFIELD BLVD.  
City-St-Zip: LAKELAND, FL 33810

Title: D ( ) Delete  
Name: FOX, SAM  
Address: 1026 BURRISRIDGE DR.  
City-St-Zip: LAKELAND, FL 33810

Title: D ( ) Delete  
Name: SMITH, RAY  
Address: 2906 CHABETT ST.  
City-St-Zip: LAKELAND, FL 33810

Title: D ( ) Delete  
Name: APPLEWHITE, MORRIS  
Address: 4515 MEADOWVIEW DR  
City-St-Zip: LAKELAND, FL 33810 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SULLIVAN, JAMES R  
Address: 6512 GLEN MEADOW LOOP  
City-St-Zip: LAKELAND, FL 33810

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: DANIEL J. APPLEWHITE

P

01/30/2007

Electronic Signature of Signing Officer or Director

Date