

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704875

FILED
Mar 05, 2008
Secretary of State

Entity Name: FIRST ASSEMBLY OF GOD, INC., OF PALATKA, FLORIDA

Current Principal Place of Business:

3111 ST. JOHNS AVENUE
PALATKA, FL 321774131

New Principal Place of Business:

Current Mailing Address:

3111 ST. JOHNS AVENUE
PALATKA, FL 321774131

New Mailing Address:

FEI Number: 59-2240885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STACKPOLE, THEODORE
102 ASHLEY DR.
PALATKA, FL 32177 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/D () Delete
Name: STACKPOLE, THEODORE
Address: 102 ASHLEY DR
City-St-Zip: PALATKA, FL 32177

Title: T/D () Delete
Name: JENNISON, WILLIAM
Address: 110 CONFEDERATE POINT RD
City-St-Zip: PALATKA, FL 32177

Title: S/D () Delete
Name: LEWIS, JIM
Address: 1 PUTTER LANE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: SANDERS, ROBERT
Address: 142 ROUND LK CIR
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: HIGHTOWER, KENNETH
Address: PO BOX 186
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: DUNNING, WILLIAM
Address: 130 ROUND LAKE CIRCLE
City-St-Zip: PALATKA, FL 32177

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: LEWIS, JIM
Address: 1 PUTTER LANE
City-St-Zip: PALATKA, FL 32177

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

Title: S/D (X) Change () Addition
Name: GILL, AARON
Address: 113 CRESTWOOD
City-St-Zip: PALATKA, FL 32177

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: THEODORE STACKPOLE

PRES

03/05/2008

Electronic Signature of Signing Officer or Director

Date