

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707005

FILED
Apr 30, 2006
Secretary of State

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

Current Principal Place of Business:

1827 NE 14TH ST
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

1827 NE 14TH ST
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-1523279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNSON, DREXEL REV
1827 N E 14TH ST
OCALA, FL 34470 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: DT () Delete
Name: COLLIER, DARYL
Address: 3131 SE FT KING ST.
City-St-Zip: OCALA, FL 34470 US

Title: DS () Delete
Name: SCHWAMBACH, MICHAEL
Address: 902 NE 46TH. COURT
City-St-Zip: OCALA, FL 34470 US

Title: DPC () Delete
Name: BRUNSON, DREXEL
Address: 4818 SE 10TH PLACE
City-St-Zip: OCALA, FL 34471 US

Title: D () Delete
Name: GORDON, EZRA
Address: 7500 HEMLOCK RD.
City-St-Zip: OCALA, FL 34472 US

Title: D () Delete
Name: CARTE, ROBERT
Address: 3130 SE 30TH. TERRACE
City-St-Zip: OCALA, FL 34471 US

Title: D () Delete
Name: WATKINS, WILBUR
Address: 5865 NE 5TH. TERRACE
City-St-Zip: OCALA, FL 34479 US

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:

Title: D (X) Change () Addition
Name: SHERMAN, THOMAS
Address: 4210 NE 13TH. STREET
City-St-Zip: OCALA, FL 34470 US

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: DREXEL BRUNSON

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date