

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

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90044 029 \*\*\*\*61.25

**DOCUMENT # 707195**

1. Entity Name

**FIRST ASSEMBLY OF GOD, INC., OF SEBRING,  
FLORIDA**



Principal Place of Business

~~4409~~ KENILWORTH BLVD.  
~~PO BOX 1741~~  
SEBRING FL 33871

Mailing Address

~~4409~~ KENILWORTH BLVD.  
PO BOX 1741  
SEBRING FL 33871



2. Principal Place of Business

4301 KENILWORTH BLVD  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1741  
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

SEBRING, FL

City & State

SEBRING, FL

4. FEI Number

59-1861991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCRARY, WILMONT  
4003 JOSEPHINE ST.  
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME BREEDLOVE, MARVIN  
STREET ADDRESS 3028 VINE LANE  
CITY-ST-ZIP SEBRING FL 33870

TITLE P ☐ Delete  
NAME MCCRARY, WILMONT  
STREET ADDRESS 4003 JOSEPHINE ST  
CITY-ST-ZIP SEBRING, FL ~~00000~~ 33870

TITLE D ☐ Delete  
NAME WILLIAMS, CHARLES  
STREET ADDRESS ~~4616 HALL AVE~~  
CITY-ST-ZIP SEBRING FL 33875

TITLE D ☐ Delete  
NAME BATEMAN, EDWARD  
STREET ADDRESS 1422 SWANK AVE  
CITY-ST-ZIP SEBRING, FL ~~00000~~ 33870

TITLE S ☐ Delete  
NAME GLISSON, ERNELL  
STREET ADDRESS 1301 N. OAK RIDGE DR.  
CITY-ST-ZIP LORIDA FL 33857

TITLE D ☐ Delete  
NAME HARALSON, THOMAS H.  
STREET ADDRESS 744 ACRE RD.  
CITY-ST-ZIP SEBRING, FL ~~00000~~ 33876

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME HARMON, THOMAS S, JR.  
STREET ADDRESS 1708 PASTOREA AVE  
CITY-ST-ZIP SEBRING, FL 33870

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4520 HESTER AVE.  
CITY-ST-ZIP SEBRING, FL 33815

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Wilmont MCCRARY*

WILMONT MCCRARY 2-7-06 863-385-6431