

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 707195

1. Entity Name

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



Principal Place of Business

Mailing Address

4301 KENILWORTH BLVD
SEBRING FL 33870

P.O. BOX 1741
SEBRING FL 33871

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1861991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCRARY, WILMONT
4003 JOSEPHINE ST.
SEBRING FL 33870

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	<input type="checkbox"/> Delete
NAME	HARRISON, THOMAS S JR	
STREET ADDRESS	1708 PASADENA	
CITY-STATE-ZIP	SEBRING FL 33870	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCCRARY, WILMONT	
STREET ADDRESS	4003 JOSEPHINE ST	
CITY-STATE-ZIP	SEBRING, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHARLES	
STREET ADDRESS	4520 HESTER AVE	
CITY-STATE-ZIP	SEBRING FL 33875	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATEMAN, EDWARD	
STREET ADDRESS	1422 SWANK AVE	
CITY-STATE-ZIP	SEBRING, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLISSON, ERNELL	
STREET ADDRESS	1301 N. OAK RIDGE DR.	
CITY-STATE-ZIP	LORIDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARALSON, THOMAS H.	
STREET ADDRESS	744 ACRE RD.	
CITY-STATE-ZIP	SEBRING, FL 00000	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000598683
STREET ADDRESS	01/24/07-80087-007 61.25
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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:

William M. Cray / WILMONT MCCRARY

1-22-07

863-385-6431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #