

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710642

FILED
Apr 17, 2008
Secretary of State

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

Current Principal Place of Business:

915 SOUTH BROADWAY
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

915 SOUTH BROADWAY
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-1851501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVINGTON, TOMMY
380 WESTOVER PARKWAY
BARTOW, FL 33830 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: TSD () Delete
Name: METHENY, KEVIN
Address: 390 E. STUART STREET
City-St-Zip: BARTOW, FL 33830

Title: P () Delete
Name: COVINGTON, TOMMY
Address: 320 WESTOVER PARKWAY
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: OLINGER, JR., GILBERT
Address: 865 HELEN CIRCLE
City-St-Zip: BARTOW, FL 33830

Title: S () Delete
Name: METHENY, KEVIN
Address: 390 S STUART ST
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: SMITH, CHRISTOPHER
Address: 1898 LALE PARKWAY
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: CROWLEY, JAMES
Address: 6206 FORESTWOOD DR. W
City-St-Zip: LAKE LAND, FL 33811

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: WALDORFF, GREG
Address: 615 W. BARTOW BLVD.
City-St-Zip: BARTOW, FL 33830

Title: D (X) Change () Addition
Name: NELLER, CHAD
Address: 1280 KISSINGEN AVENUE S.
City-St-Zip: BARTOW, FL 33830

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: TOMMY COVINGTON

P

04/17/2008

Electronic Signature of Signing Officer or Director

Date