2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713469

FILED Apr 28, 2005 Secretary of State

Entity Name: ORANGE PARK ASSEMBLY OF GOD, INC. **Current Principal Place of Business: New Principal Place of Business:** 1324 KINGSLEY AVE. ORANGE PARK, FL 32073 **Current Mailing Address: New Mailing Address:** 1324 KINGSLEY AVE ORANGE PARK, FL 32073 FEI Number: 59-1432897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WIGGINS, D. ALLAN 4215 HANGING MOSS DRIVE ORANGE PARK, FL 32073 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WRIGHT, WILLIAM KIRK, PAUL Name: Name: Address: 2935 BIRDSONG WAY Address: P.O. BOX 37072 City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: JACKSONVILLE, FL 32236 Title: () Delete Title: () Change () Addition CONYERS, HARRISON Name: Name: Address: 4840 PRINCESS ANNE LANE Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: () Change () Addition REYNOLDS, JAMES Name: Name: Address: 1459 MARCIA DRIVE Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: WIGGINS, DUNCAN ALLAN K Name: 4215 HANGING MOSS DRIVE Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DUNCAN ALLAN WIGGINS PD 04/28/2005