


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90030 012 ****70.00

DOCUMENT # 715414

1. Entity Name
 FIRST ASSEMBLY OF GOD OF DELAND, INC.



Principal Place of Business
 1500 E. INTERNATIONAL SPEEDWAY BLVD.
 DELAND, FL 32724

Mailing Address
 1500 E. INTERNATIONAL SPEEDWAY BLVD.
 DELAND, FL 32724

DO NOT WRITE IN THIS SPACE



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-6224702	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MODICA, MICHAEL
 4390 GRANT ST
 DELTONA, FL 32725

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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: *Michael Modica* DATE: 2/1/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MODICA, MICHAEL 4390 GRANT ST DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YOUNGQUIST, RALPH 2393 OAK PARK RD DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAWKINS, CARL 891 CRITTENDEN AVE. ORANGE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, ROBERT 132 W. VOORHIS AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYLE, JAMES 2025 GLENWOOD HAMMOCK RD GLENWOOD, FL 32722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CHAD 28 PALM AVE DELAND, FL 32724

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Michael Modica* DATE: 2/1/06 (326) 734-2948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #