


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90047 008 ****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		
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 59-6224702	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MODICA, MICHAEL 4390 GRANT ST DELTONA, FL 32725				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MODICA, MICHAEL		NAME	JAMES, MARK	
STREET ADDRESS	4390 GRANT ST		STREET ADDRESS	510 SANDALE COURT	
CITY-ST-ZIP	DELAND, FL		CITY-ST-ZIP	DELAND, FL 32724	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGQUIST, RALPH		NAME		
STREET ADDRESS	2393 OAK PARK RD		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, CARL		NAME		
STREET ADDRESS	891 CRITTENDEN AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, ROBERT		NAME		
STREET ADDRESS	132 W. VOORHIS AVE		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYLE, JAMES		NAME		
STREET ADDRESS	2025 GLENWOOD HAMMOCK RD		STREET ADDRESS		
CITY-ST-ZIP	GLENWOOD, FL 32722		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHAD		NAME	JOHNSON, CHAD	
STREET ADDRESS	28 PALM AVE		STREET ADDRESS	122 H.E. VILLA CAPRI CIRCLE	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	DELAND, FL 32724	
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: <i>Michael Modica</i>				Date: 3/19/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	