

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722395

FILED
Feb 24, 2006
Secretary of State

Entity Name: ST. ANDREWS ASSEMBLY OF GOD CHURCH, INC.

Current Principal Place of Business:

2400 WEST 15TH STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

2400 WEST 15TH STREET
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-0943067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCALF, CHARLIE JEFFER
1604 NEW JERSEY AVE.
LYNN HAVEN, FL 32444 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: PD () Delete
Name: SCALF, CHARLIE JEFFER
Address: 1604 NEW JERSEY AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD () Delete
Name: WEAVER, HAROLD
Address: 3011 WEST 20TH COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: SD () Delete
Name: SERIAN, MICHEAL
Address: 2905 FAIRMONT DRIVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SERIAN, MICHAEL
Address: 2905 FAIRMONT DRIVE
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLIE J. SCALF

PD

02/24/2006

Electronic Signature of Signing Officer or Director

Date