

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 30, 2009**  
**Secretary of State**

DOCUMENT# 727250

**Entity Name:** THE FIRST ASSEMBLY OF GOD OF ARCADIA INC.**Current Principal Place of Business:**201 N 11TH AVE  
ARCADIA, FL 34266 US**New Principal Place of Business:****Current Mailing Address:**201 NTH 11 AVENUE  
ARCADIA, FL 34266**New Mailing Address:**201 N 11TH AVE  
ARCADIA, FL 34266 US**FEI Number:** 59-1899982**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ZARLE, MICHAEL W REV  
201 N 11TH AVE  
ARCADIA, FL 34266 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: PRES ( ) Delete  
Name: ZARLE, MICHAEL W REV  
Address: 201 N 11TH AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: NOTT, KERRY  
Address: 5268 N.E. MASTERS RD  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: REMINGTON, SCOTT  
Address: 338 BOEING ST. N.W.  
City-St-Zip: LAKE PLACID, FL 33852

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: CLAY, JAMES  
Address: PO BOX 2800  
City-St-Zip: ARCADIA, FL 34265

Title: D (X) Change ( ) Addition  
Name: ECKER, GEORGE  
Address: PO BOX 61  
City-St-Zip: ARCADIA, FL 34265

Title: D ( ) Change (X) Addition  
Name: HELEWSKI, PETER  
Address: PO BOX 1849  
City-St-Zip: ARCADIA, FL 34265

Title: D ( ) Change (X) Addition  
Name: WILLIAMSON, DARRELL  
Address: PO BOX 751  
City-St-Zip: ARCADIA, FL 34265

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: MICHAEL W ZARLE

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date