200? NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 728153

1. Entity Name

FIRST ASSEMBLY HOLY CHURCH OF GOD IN CHRIST, INC

FILED
09 FEB 19 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
802 NW 2ND AVENUE TRENTON FL 32693 US	P O BOX 503 TRENTON FL 32693 US

1st MOORE CR2E027 (10/07)

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 05-0005200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, ELIZABETH 509 NW 5TH AVE. TRENTON FL 32693	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

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

FILE NOW: FEE IS $61.25
Due By May 1, 2009

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC JONES, ELIZABETH 802 NW 2ND AVE TRENTON FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300144011263 02/19/09--01036--004 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JONES, RICHARD 1765 NE 21ST WAY GAINESVILLE FL 32609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TE BELL, ANNIE, M 711 NW 54TH TERRACE GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Elizabeth Jones Elizabeth Jones 2/16/09