

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728887

FILED
Apr 30, 2009
Secretary of State

Entity Name: GLAD TIDINGS ASSEMBLY OF GOD OF LAKE CITY, FLORIDA, INCORPORATED

Current Principal Place of Business:

993 N.W. LAKE JEFFERY ROAD
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-6559352 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VAN VLECK, LOWELL D
4414 NW WISTERIA DRIVE
LAKE CITY, FL 32055 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: VAN VLECK, L.D.
Address: 4414 NW WISTERIA DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: TRULUCK, CHARLOTTE
Address: 132 N.E. PATTERSON AVE.
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: PRIEST, JUNE
Address: 6944 NW LAKE JEFFERY RD.
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: LEVERETT, LEWIS
Address: 1978 SE GILESMARTIN AVE
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change () Addition
Name: VAN VLECK, LOWELL D
Address: 4414 NW WISTERIA DRIVE
City-St-Zip: LAKE CITY, FL 32055

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

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

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

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: LOWELL D. VAN VLECK

OD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date