

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730670

FILED  
Feb 26, 2008  
Secretary of State

**Entity Name:** FIRST ASSEMBLY OF GOD, INC., OF TARPON SPRINGS, FLORIDA

**Current Principal Place of Business:**

550 E. TARPON AVE.  
P. O. BOX 96  
TARPON SPRINGS, FL 346894324

**New Principal Place of Business:**

**Current Mailing Address:**

550 E. TARPON AVE.  
P. O. BOX 96  
TARPON SPRINGS, FL 346894324

**New Mailing Address:**

**FEI Number:** 59-2722093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, C.M. REV  
550 EAST TARPON AVENUE  
TARPON SPRINGS, FL 34689 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: D ( ) Delete  
Name: GREEN, BILL  
Address: 550 EAST TARPON AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T ( ) Delete  
Name: BATEMAN, TROY  
Address: 550 EAST TARPON AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S ( ) Delete  
Name: PETERS, RON  
Address: 550 EAST TARPON AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete  
Name: CLARK, JOE  
Address: 550 EAST TARPON AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete  
Name: MAUST, REON  
Address: 550 EAST TARPON AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P ( ) Delete  
Name: JOHNSON, CHARLES M.,  
Address: 550 EAST TARPON AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

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

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

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

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

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: CHARLES M. JOHNSON

REV.

02/26/2008

Electronic Signature of Signing Officer or Director

Date