

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730987

FILED  
Apr 13, 2007  
Secretary of State

**Entity Name:** FIRST ASSEMBLY OF GOD OF WAUCHULA, INC.

**Current Principal Place of Business:**

1397 S. FLORIDA AVE.  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1658  
WAUCHULA, FL 33873

**New Mailing Address:**

**FEI Number:** 59-2235788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LECOCQ, ROBERT J  
1397 S. FLORIDA AVE  
WAUCHULA, FL 33873 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: WRIGHT, RONNIE  
Address: 845 ALTMAN ROAD  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: COBB, LAVON  
Address: 1015 BRIARWOOD DRIVE  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: KEATING, BILL  
Address: 2798 FISH BRANCH RD.  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D ( ) Delete  
Name: SMITH, EARL  
Address: 246 OLD DIXIE HWY  
City-St-Zip: BOWLING GREEN, FL 33834

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: ALBRITTON, RALTON  
Address: 412 N. 7TH AVENUE  
City-St-Zip: WAUCHULA, FL 33873

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

Title: D ( ) Change (X) Addition  
Name: GRACE, KENNY  
Address: 3964 SUNSET DRIVE  
City-St-Zip: ZOLFO SPRINGS, FL 33890

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: ROBERT J. LECOCQ

PAST

04/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date