

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732031

FILED
Apr 28, 2008
Secretary of State

Entity Name: FIRST ASSEMBLY OF GOD CHURCH OF LYNN HAVEN, INC.

Current Principal Place of Business:

920 FLORIDA AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

920 FLORIDA AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-2244747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCIVER, WINNELL
2203 EDGEWOOD DRIVE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

CAROLYN CARR
3438 ORLANDO RD
PANAMA CITY, FL 32405 US

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: CAROLYN CARR

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLASS, DARWIN
Address: 1704 COX ST.
City-St-Zip: SOUTHPORT, FL 32409

Title: D () Delete
Name: MARKH, JOE
Address: 1109 E 24TH ST.
City-St-Zip: LYNN HAVEN, FL 32444

Title: SDT () Delete
Name: MCIVER, WINNELL,
Address: 2203 EDGEWOOD DR
City-St-Zip: PANAMA CITY, FL 00000,

Title: D () Delete
Name: LANDRUM, ETHELYN
Address: 2315 MARY ANN DR.
City-St-Zip: SOUTHPORT, FL 32409

Title: D () Delete
Name: BEDEE, BILL
Address: 7818 KINGSWOOD RD
City-St-Zip: SOUTH PORT, FL 32409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SDT (X) Change () Addition
Name: CAROLYN CARR,
Address: 3438 ORLANDO RD
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Change () Addition
Name: CARR, THOMAS M
Address: 3438 ORLANDO RD
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Change () Addition
Name: MILLS, CLYDE
Address: 2196 AMANDA WAY
City-St-Zip: VERNON, FL 32462

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: CAROLYN CARR

ST

04/28/2008

Electronic Signature of Signing Officer or Director

Date