

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732083

FILED
Apr 13, 2009
Secretary of State

Entity Name: FIRST ASSEMBLY OF GOD OF CALLAHAN, INC.

Current Principal Place of Business:

542284 U.S. HWY 1
CALLAHAN, FL 32011 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5026
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: 59-2065865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEALY, PAUL J., ESQ.
1830 ATLANTIC BLVD
JACKSONVILLE, FL 32207 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: V () Delete
Name: JOHNSON, RUDY
Address: 36413 CLYATT CIR.
City-St-Zip: HILLIARD, FL 32046

Title: T () Delete
Name: RAULERSON, JEFF
Address: 11411 HOLTON LAKE
City-St-Zip: JACKSONVILLE, FL 32219

Title: P () Delete
Name: PHINAZEE, HERBERT W
Address: 55300 DEER RUN RD
City-St-Zip: CALLAHAN, FL 32011

Title: D () Delete
Name: ARMSTRONG, SR, RICKEY
Address: 450593 SR 200
City-St-Zip: CALLAHAN, FL 32011

Title: AB () Delete
Name: CICERO, PAUL
Address: 43149 RATLIFF RD
City-St-Zip: CALLAHAN, FL 32011

Title: S () Delete
Name: SHELF, PHILLIP
Address: PO BOX 1568
City-St-Zip: CALLAHAN, FL 32011

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
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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: HERBERT W PHINAZEE

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date