

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732083

FILED  
Apr 27, 2010  
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  
Name: JOHNSON, RUDY  
Address: 36413 CLYATT CIR.  
City-St-Zip: HILLIARD, FL 32046

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: HERBERT W PHINAZEE

PRES

04/27/2010

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

\_\_\_\_\_  
Date