2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#732416

FILED Apr 18, 2006 Secretary of State

Entity Name: OAKLAND ASSEMBLY OF GOD CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 117 JONQUIL AVE FT. WALTON BEACH, FL 32548 **Current Mailing Address: New Mailing Address:** 117 JONQUIL AVE FT. WALTON BEACH, FL 32548 FEI Number: 51-0189016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHERMAN, HENRY T JR DANIELS, MIKE REV 149 AUDŘEY CIRCLE 9239 TIMBÉR LANE FORT WALTON BEACH, FL 32548 NAVARRE, FL 32566 US 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: REV. MIKE DANIELS 04/18/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DALEN, RON DALEN, RON Name: Name: 236 PLEASANT ST. NW Address: 236 PLEASANT ST Address: City-St-Zip: FT WALTON BCH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548 Title: () Delete Title: D (X) Change () Addition ROSARIO, MIGUEL Name: WHITE, PAT Name: Address: 20 WOODHAM AVE. Address: 710 SHADY LANE, APT C City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: FORT WALTON BEACH, FL 32547 Title: () Delete Title: () Change () Addition ROSE, JESSE Name: Name: Address: 709 EMERALD BAY DR. Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: MAGGI, RONALD 8398 NEVADA ST Address: Address: City-St-Zip: City-St-Zip: NAVARRE, FL 32566 Title: () Delete Title: () Change (X) Addition HALL, SCOTT Name: Name: 4658 MAIN ST Address: Address: City-St-Zip: City-St-Zip: HOLT, FL 32564 Title: () Delete Title: () Change (X) Addition SHERMAN, JACQUELINE Name: Name: Address: Address: 9239 TIMBER LANE NAVARRE, FL 32566 City-St-Zip: City-St-Zip:

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: JACQUELINE SHERMAN S 04/18/2006