

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732416

FILED
Apr 29, 2009
Secretary of State

Entity Name: OAKLAND ASSEMBLY OF GOD CHURCH, INC.

Current Principal Place of Business:

117 JONQUIL AVE.
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

117 JONQUIL AVE.
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 51-0189016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, JOE PASTOR
149 AUDREY CIRCLE
FORT WALTON BEACH, FL 32548 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: DALEN, RON
Address: 236 PLEASANT ST
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: WHITE, PAT
Address: 710 SHADY LANE, APT C
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: ROSE, JESSE
Address: 709 EMERALD BAY DR.
City-St-Zip: DESTIN, FL 32541

Title: D (X) Delete
Name: MAGGI, RONALD C
Address: 8398 NEVADA ST
City-St-Zip: NAVARRE, FL 32566

Title: S () Delete
Name: MAGGI, ANGELA S
Address: 8398 NEVADA ST
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DALEN, RON
Address: 615 LAKEVIEW RD NW
City-St-Zip: FORT WALTON BEACH, FL 32547

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: S (X) Change () Addition
Name: LEE, ROXANNE M
Address: 212 KATHERINE PLACE
City-St-Zip: FT WALTON BEACH, FL 32548

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: ROXANNE M LEE

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date