

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735552

FILED
May 14, 2007
Secretary of State

Entity Name: NEW SMYRNA CHURCH OF GOD, INC.

Current Principal Place of Business:

2080 PAIGE AVE
NEW SYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

2080 PAIGE AVE
NEW SYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-6599602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OWEN, LARRY B
630 HIDDEN PINES BLVD.
NEW SMYRNA BEACH, FL 32168 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: VT () Delete
Name: PARKER, DALE,
Address: 440 PALMETTO ST.
City-St-Zip: EDGEWATER, FL

Title: TR () Delete
Name: POWERS, HERSHEL
Address: WARREN AVE
City-St-Zip: NEW SMYRNA BCH, FL

Title: TR () Delete
Name: CALDWELL, ROBERT,
Address: 1230 WAYNE AVENUE
City-St-Zip: NEW SMYRNA BCH., FL

Title: T () Delete
Name: HANGER, DONNA,
Address: 2644 N. BELMONT
City-St-Zip: NEW SMYRNA BCH, FL 00000,

Title: S (X) Delete
Name: JOHNSON, JEFF,
Address: 1702 PIONEER TRAIL
City-St-Zip: NEW SMYRNA BCH., FL

Title: P () Delete
Name: OWEN, LARRY
Address: 630 HIDDEN PINES PL
City-St-Zip: NEW SMYRNA BCH, FL 32168

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
Name:
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: LARRY OWEN

_____ Electronic Signature of Signing Officer or Director

PRES

05/14/2007

_____ Date