2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 735552

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 ( )**

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

Title: T ( ) Delete
Name: MOSKOWICZ, BRAD
Address: 2207 JUNGLE RD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change ( ) Addition
Name: PARKER, DALE
Address: 440 PALMETTO ST.
City-St-Zip: EDGEWATER, FL 32132

Title: TR (X) Change ( ) Addition
Name: POWERS, HERSHEL
Address: WARREN AVE
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: TR (X) Change ( ) Addition
Name: WILLIAMS, RALPH
Address: 2560 CHESTER AVE
City-St-Zip: NEW SMYRNA BCH., FL 32168

Title: T (X) Change ( ) Addition
Name: HANGER, DONNA
Address: 2644 N. BELMONT
City-St-Zip: NEW SMYRNA BCH, FL 00000, FL 32168

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 PRES 01/09/2009

Electronic Signature of Signing Officer or Director — Date