## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **DOCUMENT # 737453**

1. Entity Name

FIRST ASSEMBLY OF GOD, INC, OF MIDDLEBURG,



05-02-2008 90120 036 \*\*\*\*70.00

May 02, 2008 8:00 am Secretary of State

**FILED** 

FLORIDA	
Principal Place of Business	Mailing Address

3167 COUNTY RD 215

P.O. BOX 429

MIDDLEBUF US	RG FL 32068	3	MIDDL	MIDDLEBURG FL 32050-0429								
Principal Place of Business - No P.O. Box #								·		1481 67 1881		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			1st N	1st MOORE CR2E037 (10/07)				
City & Star	te		City	City & State			4. FEI Number	4. FEI Number				
Zip		Country	Zip		Cot	intry	5. Certificate of	Status Desired		8.75 Add	itional	
	6. Name	and Address of Curre	nt Registered	d Agent		l	7. Name and A	ddress of Nev	w Registered A	gent		
					Name							
CLARK, CHARLES E. 3167 COUNTY RD 215 MIDDLEBURG FL 32068					Street Address (P.O. Box Number is Not Acceptable)							
WIDDELEGNATIC S2000						City FL Zip Code						
	tions of regisl	y şubmits this statement lejed agent.			·····		istered agent, or both,	in the State of	Fiorida. 1 am fi	amiliar with,	and accept	
FILE NOW: FEE IS \$61.25 9. Election Campaign F  Due By May 1, 2008 Trust Fund Contribute						ion. $\square$	\$5.00 May Be Added to Fees	Flo	Make Check orida Depart	Payable ment of S	to itate	
10.		OFFICERS AND I	DIRECTORS		11.		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE HAME STREET ADDRESS CITY+ST-ZIP	PD CLARK, CI 9725 RIDD JACKSON			Delete	1	1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l l	BOBBY H NTY ROAD 218 JRG FL 32068		☐ Delate	1	i i				☐ Change	Addilion	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	1	OBERT R FLOWER ST JRG FL 32068		□ Datata ——	NAM Stre	E ————————————————————————————————————	-			Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		CANDY B NTY ROAD 218 JRG FL 32068		☐ Delete	1	1				Change	Addition	
TITLE NAME STREET ADDRESS				☐ Dalete	TITLI NAM STRE		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

904-282-14-66 4-16-08