## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#739133** 

Address:

City-St-Zip:

FILED Apr 04, 2006 Secretary of State

Entity Name: FIRST ASSEMBLY OF GOD, RIVERVIEW, FL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6605 KRYCUL AVENUE P.O. BOX 1039 RIVERVIEW, FL 33568 **New Mailing Address: Current Mailing Address:** 6605 KRYCUL AVENUE P.O. BOX 1039 RIVERVIEW, FL 33568 FEI Number: 51-4440039 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: COLLINS, REV. KEN 11209 OAK DRIVE RIVERVIEW, FL 33569 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition HAMBLEN, SIOMARA LARSON, MARY Name: Name: 10214 TARRAGON DR Address: 2714 HIDEAWAY LANE Address: RIVERVIEW, FL 33569 City-St-Zip: City-St-Zip: VALRICO, FL 33594 Title: Title: (X) Change ( ) Addition () Delete BRYANT, JOE Name: CUMMINGS, BETTY Name: Address: 8813 DYER ROAD Address: 8446 E. 27TH AVENUE City-St-Zip: RIIVERVEIW, FL 33569 City-St-Zip: TAMPA, FL 33619 Title: () Delete Title: () Change () Addition COLLINS, REV KEN, Name: Name: 11209 OAK DRIVE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: (X) Change ( ) Addition Title: () Delete Title: TR COLEMAN, TINA Name: CUMMINGS, BETTY Name: 8817 DYER ROAD Address: 8446 E 27TH AVENUE Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: RIVERVIEW, FL 33619 Title: () Delete Title: (X) Change ( ) Addition GALLUP, DOUGLAS COLLINS, KENNETH D Name: Name: 12248 DAWN VISTA DRIVE 1230 LORNEWOOD DRIVE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: VALRICO, FL 33594 Title: () Delete Title: ( ) Change (X) Addition FROST, CHESTER Name: Name:

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.

Address:

City-St-Zip:

2003 DAGWOOD WAY RIVERVIEW, FL 33569

SIGNATURE: MARY LARSON S/T 04/04/2006