2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741483

FILED Apr 06, 2009 Secretary of State

Entity Name: THE HOLT ASSEMBLY OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business:

540 THIRD AVE. HOLT, FL 325640007

Current Mailing Address: New Mailing Address:

P.O. BOX 7

HOLT, FL 325640007

FEI Number: 59-2115734 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:

HOLT, BRENDA C CARPENTER, CECIL G
4861 L ADAMS RD
HOLT, FL 32564 US CARPENTER, CECIL G
4670 BERRY RD
HOLT, FL 32564 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: CECIL G. CARPENTER 04/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:STTR () DeleteTitle:STTR (X) Change () AdditionName:HOLT, BRENDAName:DEES, RHONDAAddress:4861 ADAMS ROADAddress:487 MARTEN RDCity-St-Zip:HOLT, FL32564

Title: CD () Delete Title: () Change () Addition

 Name:
 JOHNS, LEON
 Name:

 Address:
 483 4TH AVE
 Address:

 City-St-Zip:
 HOLT, FL 32564
 City-St-Zip:

Title: P () Delete Title: () Change () Addition

 Name:
 CARPENTER, GUS C
 Name:

 Address:
 3RD AVENUE
 Address:

 City-St-Zip:
 HOLT, FL 32564
 City-St-Zip:

Title: C () Delete Title: () Change () Addition

Name:CHESTNUT, MICHAELName:Address:213 GOLF COURSE DRAddress:City-St-Zip:CRESTVIEW, FL 32536City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 HOLT, JAMES C
 Name:

 Address:
 4861 L ADAMS RD
 Address:

 City-St-Zip:
 HOLT, FL 32564
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BOOTH, JAMES
 Name:

 Address:
 477 MARTEN LANE
 Address:

 City-St-Zip:
 HOLT, FL 32564
 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: CECIL G. CARPENTER P 04/06/2009