2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741650

FILED Mar 16, 2009 Secretary of State

Entity Name: OCEANWAY ASSEMBLY OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business: 12240 SAGO AVENUE WEST JACKSONVILLE, FL 322263278 **Current Mailing Address: New Mailing Address:** 12240 SAGO AVENUE WEST JACKSONVILLE, FL 322263278 FEI Number: 59-2247905 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: MARYANN BATTY BATTY, MARYANN R 3028 MISTY MARSH DRIVE 3028 MISTY MARSH DRIVE JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32226 US 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: MARYANN BATTY 03/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KEELING, DUANNE Name: Name: 4749 STRATTON RD Address: Address: CALLAHAN, FL 32011 City-St-Zip: City-St-Zip: Title: PD () Delete Title: () Change () Addition BAGGETT, DANIEL R., Name: Name: Address: 1721 CEDAR BAY RD Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: () Change () Addition SHAMI, TRACY Name: Name: 556 HARDEEVILLE COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: () Change () Addition STALLWOOD, FRANK Name: Name: 11743 MARTHA'S VINYARD CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: () Delete Title: () Change () Addition DUNN, KEN Name: Name: 2028 LANCE ROAD Address: Address: CALLAHAN, FL 32011 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MILLS, PAUL Name: Name: Address: 3233 HERMITAGE ROAD E Address: JACKSONVILLE, FL 322772646 City-St-Zip: 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: TRACY SHAMI S 03/16/2009