## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 749153**

FILED Jan 07, 2009 Secretary of State

Entity Name: WEST FLORIDA DISTRICT COUNCIL ASSEMBLIES OF GOD, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	-WAY 90 EAS	т			
HWY 90 E MARIANN	: IA, FL 32446	US			
Current Mailing Address:		New Mailing Addres	New Mailing Address:		
	HWAY 90 IA, FL 32446	US			
El Number	r: 59-2240501	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
	⊣WAY 90	110			
	IA, FL 32446	US			
The above	·		ourpose of changing its registere	ed office or registered agent, or both,	
The above n the Stat	e named entity e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,	
The above n the Stat	e named entity e of Florida. RE:			ed office or registered agent, or both,  Date	
The above n the Stat SIGNATU	e named entity e of Florida. RE:	submits this statement for the particles of Registered Against Signature Office S	ent		
The above n the State SIGNATU  DFFICER  Title: Jame: Address:	e named entity e of Florida RE: Electro	submits this statement for the prince Signature of Registered Age CTORS:  ) Delete ROBERT S Y 90 EAST	ent	Date	
The above n the Stat SIGNATU	e named entity e of Florida.  RE:  Electro  S AND DIRECTOR  PD ( THOMPSON, F 4792 HIGHWA MARIANNA, FL  VD ( EDWARDS, PI 1701 NORTH E	submits this statement for the prince Signature of Registered Age CTORS:  ) Delete ROBERT S Y 90 EAST - 32446 US  ) Delete HIL	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

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: MARK JAKELSKY STD 01/07/2009