
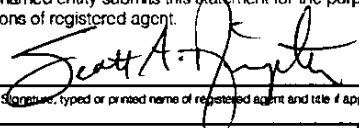
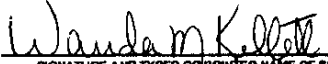


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90364 020 \*\*\*\*61.25

<b>DOCUMENT # 751697</b> 1. Entity Name <b>WILLOW OAK ASSEMBLY OF GOD, INC.</b>					
Principal Place of Business 4045 BAILEY ROAD MULBERRY, FL 33860 US			Mailing Address 4045 BAILEY ROAD MULBERRY, FL 33860 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01062006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-2184579</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PANTOJA, JULIO</b> <b>5146 KENSINGTON HGTS</b> <b>LAKELAND, FL 33811</b>			7. Name and Address of New Registered Agent Name <b>SCOTT A. PFINGSTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>5720 HARBOR ISLE BLVD</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33884</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		<b>SCOTT A. PFINGSTON</b> P/D		4/18/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>KELLETT, WANDA</b> <b>2740 2ND AVENUE</b> <b>MULBERRY, FL 00000, 33860</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KELLETT, WANDA</b> <b>2740 2ND AVE</b> <b>MULBERRY, FL 33860</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MERCE, DON</b> <b>6215 Highland Rise Dr.</b> <b>Lakeland, FL 33813</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALBRITTON, WAYNE</b> <b>6241 FORESTWOOD DR W</b> <b>LAKELAND, FL 33811</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T/D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PANTOJA, JULIO</b> <b>5146 KENSINGTON HGTS</b> <b>LAKELAND, FL 33811</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALDERMAN, NORMAN M</b> <b>4548 OLD GOVT RD</b> <b>LAKELAND, FL 33811</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARDNER, THOMAS L</b> <b>4055 CYPRESS ST</b> <b>MULBERRY, FL 33860</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE:  <b>WANDA M. KELLETT</b>				4/18/06 (863) 425-2833	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					