

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758075

FILED
Apr 15, 2009
Secretary of State

Entity Name: WINSTON PARK CHURCH, INC. ASSEMBLIES OF GOD

Current Principal Place of Business:

4001 N.W. 63RD ST.
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4001 N.W. 63RD ST.
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 59-2195968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, VINAL A REV
2614 NASSAU BEND F2
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

COLE, WILLIAM J REV
4331 SW 19 PL
CAPE CORAL, FL 33914 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: REV WILLIAM J COLE

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, VINAL A REV
Address: 2614 NASSAU BEND F2
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: VD () Delete
Name: BUCHANAN, NATHAN J MR
Address: 10786 NW 9 MANOR
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: SD () Delete
Name: LOPRESTI, JOHN MR
Address: 7872 TRAVELERS TREE DR
City-St-Zip: BOCA RATON, FL 33432 US

Title: TD () Delete
Name: BUCHANAN, NATHAN J MR
Address: 10786 NW 9 MANOR
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VD (X) Delete
Name: HOSKINS, TAMMY J MRS
Address: 8839 NW 51 PL
City-St-Zip: CORAL SPRINGS, FL 33067 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLE, WILLIAM J REV
Address: 4331 SW 19 PL
City-St-Zip: CAPE CORAL, FL 33914 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: THOMPSON, JEAN M MRS
Address: 3812 NW 63 CT
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: TD (X) Change () Addition
Name: MAGRO, NILSON MR
Address: 3867 TURTLE RUN BLVD #2334
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: () Change () Addition
Name:
Address:
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: JEAN M THOMPSON

SD

04/15/2009

Electronic Signature of Signing Officer or Director

Date