2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

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1. Entity Name TREASURE COAST ASSEMBLY OF GOD, INC. 460000 Principal Place of Business Mailing Address **3660 16TH STREET 3660 16TH STREET** VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292007 CR2E037 (12/06) Chg-NP City & State City & State 4. FEI Number Applied For 59-1976637 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, RANDAL E Street Address (P.O. Box Number is Not Acceptable) **3625 17TH STREET** VERO BCH, FL 32960 City Zip Code 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE Change ☐ Addition WILLIAMS, RANDAL E. NAME NAME STREET ADDRESS STREET ADDRESS 3625 17TH ST VERO BCH, FL CITY-ST-ZIP CITY-ST-7IP 00000 TITLE ☐ Change Delete Addition . TITLE BEAULIEU, PAUL JACOBSEN, ROB NAME NAME 1244 38TH AVESW 805 - 25TH AVENUE STREET ADDRESS STREET ADDRESS VERO BRACH PL 32968 VERO BCH, FL 32960 CITY-ST-ZIP CITY-ST-ZIP TITLE SD Delete THOMAS, STEVE SR DANFORTH , BREAN NAME NAME STREET ADDRESS 1407-38TH AVE STREET ADDRESS 1465 2014 CT SW VERO BEACH, FL 32960 CITY ST. 7IP CITY-ST-ZIP VERU BEACH IL ☐ Delete Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS City-ST-7iP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR