2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2008 8:00 am **Secretary of State** DOCUMENT #758210 01-28-2008 90053 042 ****61.25 1. Entity Name TREASURE COAST ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address **3660 16TH STREET 3660 16TH STREET** VERO BEACH, FL 32960 VERO BEACH, FL 32960 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Cha-NP CR2E037 (12/06) 4. FEI Number 59-1976637 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, RANDAL E Street Address (P.O. Box Number is Not Acceptable) **3625 17TH STREET** VERO BCH, FL 32960 City Zip Code FL 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. DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD TITLE ☐ Delete TITLE Change ☐ Addition WILLIAMS RANDALE NAME NAME 3625 17TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BCH, FL 00000, CITY-ST-ZIP SD TITLE ☐ Delete ☐ Change ☐ Addition BEAULIEO, PAUL NAME NAME 1244 38TH AVE SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 CITY-ST-ZIP \$D TITLE Delete TITLE ☐ Change ☐ Addition NAME THOMAS, STEVE SR NAME STREET ADDRESS 1465 20TH CT SW STREET ADDRESS VERO BEACH, FL 32962 CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete ☐ Addition BRIAN DANFORTH NAME 1465 20TH CT. SW STREET ADDRESS STREET ADDRESS VERO BRACH FL 32962 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 at 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 CARRE JALOBSAL

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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