2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758677

FILED Apr 14, 2009 Secretary of State

Entity Name: "ROSA DE SARON" ASSEMBLY OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business: 13235 PALM BCH. BLVD. FT. MYERS, FL 33905 **Current Mailing Address: New Mailing Address:** 13235 PALM BEACH BLVD FT. MYERS, FL 33905 US FEI Number: 26-2030827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FELICIANO, JIMIRO 3279 HAMPTON BLVD ALVA, FL 33920 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FELICIANO, JIMIRO DR. Name: Name: 3279 HAMPTON Address: Address: City-St-Zip: ALVA, FL 33920 City-St-Zip: Title: Title: () Delete () Change () Addition Name: FELICIANO, LUCY REV Name: Address: 3279 HAMPTON BLVD Address: City-St-Zip: FT MYERS, FL 33920 City-St-Zip: Title: () Delete Title: () Change () Addition RIVERA, DORIS R Name: Name: 2238 CALADIUM RD. Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: NIEVES, ZORAIDA Name: PONCE, DANELIA 3274 HAMPTON BLVD Address: 603 N. MARVIN Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: ALVA, FL 33920 Title: () Delete Title: () Change () Addition COMELLAS, ELGA REV Name: Name: 13833 THIRD STREET Address: Address: City-St-Zip: FT MYERS, FL 33905 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: ELGA COMELLAS ADM 04/14/2009