2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# 759932

Entity Name: BAGDAD FIRST ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

4513 FORSYTH ST
PO BOX 8
BAGDAD, FL 32530 US

New Principal Place of Business:

Current Mailing Address:

4513 FORSYTH ST
PO BOX 8
BAGDAD, FL 32530 US

New Mailing Address:

FEI Number: 59-2235891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POOLE, JASON L
4513 FORSYTH ST.
BAGDAD, FL 32530 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: WALLACE, LOMAX
Address: 5420 BRANDON DR
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: FAIN, PAUL
Address: 5089 COPPERFIELD DR
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete
Name: MCKNIGHT, CARY
Address: 4650 PINE LANE
City-St-Zip: PACE, FL 32571

Title: ST ( ) Delete
Name: COLLINS, JOYCE
Address: 5509 BENS WAY
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: GLASS, DANNY
Address: 6164 ALLENTOWN RD
City-St-Zip: MILTON, FL 32570

Title: ST (X) Change ( ) Addition
Name: FAIN, PAUL
Address: 8059 COPPERFIELD DR
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL FAIN ST 04/09/2006

Electronic Signature of Signing Officer or Director — Date