2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007
Secretary of State

DOCUMENT# 767275

Entity Name: FIRST ASSEMBLY OF GOD OF EUSTIS, INC.

Current Principal Place of Business:

2024 S GROVE ST.
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1078
EUSTIS, FL 327271078

New Mailing Address:

FEI Number: 59-2173807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOONE, PASTOR LARRY M.
2024 SOUTH GROVE ST.
EUSTIS, FL 32726 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: PD ( ) Delete
Name: BOONE, LARRY M.,
Address: 1902 SOUTH GROVE ST.
City-St-Zip: EUSTIS, FL 32726

Title: VD ( ) Delete
Name: MALLEY, PHIL
Address: 511 W. SEMINOLE AVE.
City-St-Zip: EUSTIS, FL 32726

Title: ST ( ) Delete
Name: JENSEN, SKOTT
Address: 1412 COVE PLACE
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete
Name: HILL, RAY
Address: 37551 FLORIDA AVE.
City-St-Zip: UMATILLA, FL 32784

Title: D ( ) Delete
Name: GREEN, GENE
Address: 16046 WALLACE ST
City-St-Zip: UMATILLA, FL 32784

Title: D ( ) Delete
Name: RICK, FLOWERS
Address: 403 DOROTHY CIRCLE
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: REV. LARRY M. BOONE PD 03/21/2007

Electronic Signature of Signing Officer or Director — Date