

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001234

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: ST. AUGUSTINE ASSEMBLY OF GOD, INCORPORATED

**Current Principal Place of Business:**

485 SHORES BLVD  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

485 SHORES BLVD  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 59-3447544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VARGAS, JUSTINO  
2204 COMMODORES CLUB ROAD  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

VARGAS, JUSTINO  
349 BRANTLEY HARBOR DRIVE  
ST. AUGUSTINE, FL 32086 US

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: \_\_\_\_\_

04/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VARGAS, JUSTINO  
Address: 2204 COMMODORES CLUB BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: V ( ) Delete  
Name: RAY, JERRY  
Address: 1300 ROOSEVELT DR  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S ( ) Delete  
Name: MARCHALLECK, DAVID  
Address: 316 ALTARA DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VARGAS, JUSTINO  
Address: 349 BRANTLEY HARBOR DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: JOHN D. REYES

ADM.

04/19/2007

Electronic Signature of Signing Officer or Director

Date