2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N00000004998

Entity Name: ASSEMBLY OF FAITH, INC.

Current Principal Place of Business:

11197 N.E. 65TH ST
BRONSON, FL 32621

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1336
BRONSON, FL 32621

New Mailing Address:

11197 N.E. 65TH ST
BRONSON, FL 32621

FEI Number: 59-3672264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLANTON, LONZELL
11197 NE 65TH STREET
PO BOX 1336
BRONSON, FL 32621 US

Name and Address of New Registered Agent:

BLANTON, LONZELL
11197 NE 65TH STREET
BRONSON, FL 32621 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: _____ 01/26/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BLANTON, LONZELL
Address: 11197 NE 65TH STREET
City-St-Zip: BRONSON, FL 32621

Title: ST ( ) Delete
Name: BLANTON, BEVERLY
Address: 11197 NE 65TH STREET
City-St-Zip: BRONSON, FL 32621

Title: E ( ) Delete
Name: DEES, CHARLES
Address: 4826 S.W. 45TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: AP ( ) Delete
Name: DEES, JUDY
Address: 48261 S.W. 45TH STQ
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: GREEN, SARA
Address: 340 S.E. 190TH AVENUE
City-St-Zip: OLD TOWN, FL 32680

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:

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: LONZELL BLANTON MR. 01/26/2009
Electronic Signature of Signing Officer or Director — Date