

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002839

FILED
Feb 02, 2009
Secretary of State

Entity Name: EVANGEL WORSHIP CENTER ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

2645 PEBBLE HILL RD
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

2645 PEBBLE HILL RD
MARIANNA, FL 32448

New Mailing Address:

FEI Number: 59-3602290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETTIS, L. LAVON
2645 PEBBLE HILL RD
MARIANNA, FL 32448 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: PETTIS, L. LAVON
Address: 2645 PEBBLE HILL RD
City-St-Zip: MARIANNA, FL 32448

Title: T () Delete
Name: BOONE, HAYES JR
Address: 4854 DAVIS DR
City-St-Zip: MARIANNA, FL 32446

Title: T () Delete
Name: SAPP, TIMOTHY G
Address: 2891 CHASE WAY
City-St-Zip: MARIANNA, FL 32446

Title: T () Delete
Name: DAVIS, JEFFREY K
Address: 4620 OAKWOOD DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: T () Delete
Name: HAILE, MICHAEL W
Address: 4622 BALES DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: T () Delete
Name: LAMBE, GREGORY A
Address: 3478 SPRING HOLLOW DRIVE
City-St-Zip: MARIANNA, FL 32448

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: L. LAVON PETTIS

D

02/02/2009

Electronic Signature of Signing Officer or Director

Date