

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006641

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: MEDART ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

4647 CRAWFORDVILLE HWY.  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 190  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

FEI Number: 59-2877790      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCFALLS, JEFFERY L PASTOR  
202 FOXRUN CIRCLE  
CRAWFORDVILLE, FL 32327      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: T      ( ) Delete  
Name: LOYED, DAVID B  
Address: 204 GARNER CIRCLE EAST  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T      ( ) Delete  
Name: JORDON, EUGENE  
Address: 61 RUSSELL DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D      ( ) Delete  
Name: MCFALLS, JEFFERY L  
Address: 202 FOXRUN CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D      ( ) Delete  
Name: COMPTON, MICHAEL  
Address: 224 HARVEY MILL ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D      ( ) Delete  
Name: STEWART, MICHAEL  
Address: 754 REHWINKLE ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D      ( ) Delete  
Name: KELLEY, GREGORY  
Address: 16 IRVIN LANGSTON ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

Title: T      (X) Change ( ) Addition  
Name: PEAUVY, DELACY  
Address: 45 MONOCOUPPE CIRCLE  
City-St-Zip: PANACEA, FL 32341

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: JEFFERY L MC FALLS

D

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date