2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N01000007815

Entity Name: PEACE TABERNACLE ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

2308 SOUTEL DRIVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

2308 SOUTEL DRIVE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3296109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NELSON, MICHAEL
2308 SOUTEL DRIVE
JACKSONVILLE, FL 32208 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: P ( ) Delete
Name: MICHAEL, NELSON
Address: 2308 SOUTEL DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: ST ( ) Delete
Name: LYNDA, WILLIAMS
Address: 3124 HICKORYNUT STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete
Name: BERNARD, STEWART
Address: 12550 LOCHLOOSA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete
Name: RANDOLPH, SMITH
Address: 672 WEST 17TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: T ( ) Delete
Name: MR. KIMBERLY, JOHNSON
Address: 8516 LINCREST DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete
Name: SANDRA, OUTING
Address: 11412 SARASOTA
City-St-Zip: JACKSONVILLE, FL 32218

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 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: MICHAEL NELSON P 04/20/2009

Electronic Signature of Signing Officer or Director — Date