

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006638

FILED
Jan 25, 2007
Secretary of State

Entity Name: EBRO ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

6688 HIGHWAY 79
EBRO, FL 32437

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 39
EBRO, FL 32437

New Mailing Address:

FEI Number: 59-2872206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, STEVEN W
2551A PIONEER ROAD
CHIPLEY, FL 32428 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: DIXON, DANA
Address: 6688 HIGHWAY 79
City-St-Zip: EBRO, FL 32437

Title: D () Delete
Name: HORNSBY, TODD
Address: 6688 HIGHWAY 79
City-St-Zip: EBRO, FL 32437

Title: D () Delete
Name: HAERER, PAM
Address: 6688 HIGHWAY 79
City-St-Zip: EBRO, FL 32437

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: HORNSBY, TODD
Address: PO BOX 11
City-St-Zip: EBRO, FL 32437

Title: MRS. (X) Change () Addition
Name: HAERER, PAM
Address: 235 MCHENRY ROAD
City-St-Zip: PONCE DE LEON, FL 32455

Title: MR. (X) Change () Addition
Name: BENGSTON, OSCAR
Address: 368 CHURCH ROAD
City-St-Zip: BRUCE, FL 32455

Title: MR. () Change (X) Addition
Name: MOON, DARELL
Address: 88 EASY LIVING STREET
City-St-Zip: FREEPORT, FL 32439

Title: MRS. () Change (X) Addition
Name: CARTER, NAOMI
Address: 2551A PIONEER ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: MR. () Change (X) Addition
Name: LYKINS, LLOYD
Address: 3320 LYKINS ROAD
City-St-Zip: CHIPLEY, FL 32428

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: TODD HORNSBY

MR.

01/25/2007

Electronic Signature of Signing Officer or Director

Date