

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008257

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** NOMA ASSEMBLY OF GOD, NOMA, FLORIDA, INC.

**Current Principal Place of Business:**

1062 TINDELL STREET  
NOMA, FL 32452

**New Principal Place of Business:**

**Current Mailing Address:**

1062 TINDELL STREET  
NOMA, FL 32452

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WATSON, GLENDA  
1673 M.C. CARNKEY RD  
BONIFAY, FL 32425 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: WARD, JEROME  
Address: 1037 WALTER ST  
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete  
Name: WATSON, DWAYNE  
Address: 1673 M.C. CARNLEY RD  
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete  
Name: PETERS, CHARLES  
Address: 3465 KELLY AVENUE  
City-St-Zip: NOMA, FL 32452

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

Title: D (X) Change ( ) Addition  
Name: ANDERSON, MELVIN  
Address: 3506 HWY 2  
City-St-Zip: BONIFAY, FL 32425

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: GLENDA WATSON

SECR

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date