


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90120 043 \*\*\*\*61.25

**DOCUMENT # N05000001494**  
 1. Entity Name  
**JENNINGS ASSEMBLY OF GOD CHURCH INCORPORATED**



Principal Place of Business Mailing Address  
 1286 MCCALL ST PO BOX 167  
 JENNINGS FL 32053 JENNINGS FL 32053



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)  
 4. FEI Number **59-2237916** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 BLACKMAN, RALPH L JR  
 4904 US HWY 90  
 MADISON FL 32340

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE Ralph L. Blackman Jr - Ralph L. Blackman Jr 3-30-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKMAN JR., RALPH L PASTOR	
STREET ADDRESS	PO BOX 86	
CITY-ST-ZIP	LEE FL 32059	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAULS, RONNIA	
STREET ADDRESS	1100 W MARION AVE	
CITY-ST-ZIP	LAKE PARK GA 31636	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, TOMMY	
STREET ADDRESS	2862 NW 76 TER	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRURY, JOE	
STREET ADDRESS	PO BOX 321	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, CONRAD	
STREET ADDRESS	2729 HWY 135 S	
CITY-ST-ZIP	LAKE PARK GA 31636	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLLAND, CARLENE	
STREET ADDRESS	4614 NW CR 141	
CITY-ST-ZIP	JENNINGS FL 32053	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph L. Blackman Jr - Ralph L. Blackman Jr 3/30/08/886-938-3537