


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90001 004 ****61.25

DOCUMENT # N05000001965 1. Entity Name EAST MILTON ASSEMBLY OF GOD INC.					
Principal Place of Business 5174 WARD BASIN ROAD MILTON FL 32583				Mailing Address 5174 WARD BASIN ROAD MILTON FL 32583	
East Milton Assembly of God Inc 2. Principal Place of Business - No P.O. Box # 5174 Ward Basin Rd.				3. Mailing Address 5174 Ward Basin Rd.	
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 	
City & State Milton, FL.		City & State Milton, FL.		4. FEI Number 16-1718561	
Zip 32583		Country Santa Rosa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32583		Country Santa Rosa		6. Name and Address of Current Registered Agent BLACK, LU JEAN 5182 BLACK ROAD MILTON FL 32583	
7. Name and Address of New Registered Agent Name Rev Alvin R Kolb Street Address (P.O. Box Number is Not Acceptable) 5174 Ward Basin Road City Milton FL 32583				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 Rev Alvin R. Kolb <small>Signature, typed or printed name of registered agent and title if applicable</small>				SIGNATURE Rev Alvin R. Kolb <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By September 5, 2007				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BLACK, LESTER D SR. 5182 BLACK RD. MILTON FL 32583	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer Linda McInnis 6504 Starboard Dr Milton, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ROSWELL, CECIL 6950 HOLLAND RD. MILTON FL 32583	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M James Palmer 6408 Metz Road Milton FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BEAN, ACE 6436 SANDERS ST. MILTON FL 32570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Bobby G. Green 6641 Roeville Road Milton FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BLACK, LESTER D JR. 5130 BLACK RD. MILTON FL 32583	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M NELSON, THEODORE 303-A HILLCREST CIR MILTON FL 32570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Rev Alvin R. Kolb Rev Alvin R. Kolb 8-2-07 626-9887					