2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005550

FILED May 11, 2009 Secretary of State

Entity Name: FELLOWSHIP ASSEMBLY OF GOD CHURCH INCORPORATED

Current F	Principal Place of Business:	New Principal Place of Business:
	STOL HWY FL 32351	
Current N	Mailing Address:	New Mailing Address:
	STOL HWY FL 32351	
n accordaı	r: 57-3336830 FEI Number Applied For (nce with s. 607.193(2)(b), F.S., the corporation d Address of Current Registered Age	did not receive the prior notice.
	, SHARON M	
	STOL HWY FL 32351 US	
QUINCY, The above	FL 32351 US	r the purpose of changing its registered office or registered agent, or both,
QUINCY, The above	FL 32351 US e named entity submits this statement fo te of Florida.	r the purpose of changing its registered office or registered agent, or both,
QUINCY, The above in the Stat	FL 32351 US e named entity submits this statement fo te of Florida.	
QUINCY, The above in the Stat SIGNATU	FL 32351 US e named entity submits this statement fo te of Florida. JRE:	
QUINCY, The above in the Stat SIGNATU	FL 32351 US e named entity submits this statement for the of Florida. JRE: Electronic Signature of Registers RS AND DIRECTORS: ST () Delete COOPER, SHARON M 86 BLUE HERON POINT	ed Agent Date
QUINCY, The above In the State SIGNATU OFFICER Fitle: Name: Address:	FL 32351 US e named entity submits this statement for the of Florida. JRE: Electronic Signature of Registers RS AND DIRECTORS: ST () Delete COOPER, SHARON M 86 BLUE HERON POINT	ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

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: SHARON M. COOPER OFFI 05/11/2009