

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2009 FEB 11 P 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292008 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000002008			
1. Entity Name HIGHLAND PARK ASSEMBLY OF GOD, INC.			
Principal Place of Business 2617 NORTH EAST AVENUE PANAMA CITY, FL 32405 US		Mailing Address 2617 NORTH EAST AVENUE PANAMA CITY, FL 32405 US	
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
4. FEI Number 07-8502260		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TAUNTON, HAROLD 2617 NORTH EAST AVENUE PANAMA CITY, FL 32405		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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	P <input checked="" type="checkbox"/> Delete	TITLE	Pastor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUNTON, HAROLD	NAME	JASON LOWREY
STREET ADDRESS	2617 NORTH EAST AVENUE	STREET ADDRESS	2417 NE AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, CLAYTON	NAME	
STREET ADDRESS	2617 NORTH EAST AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	V Jimmy Hood <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, RICK	NAME	
STREET ADDRESS	2617 NORTH EAST AVENUE	STREET ADDRESS	2617 NE AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, BILLY	NAME	
STREET ADDRESS	2617 NORTH EAST AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, CAROLINE	NAME	
STREET ADDRESS	2617 NORTH EAST AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Rev. Jason Lowrey</i>		Date: 4-30-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	