

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011307

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: WINTERVILLE ASSEMBLY OF GOD CHURCH, INC.

**Current Principal Place of Business:**

1897 HIGHWAY 177-A  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

1897 HIGHWAY 177-A  
BONIFAY, FL 32425

**New Mailing Address:**

FEI Number: 59-3454862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAYLOR, LUCAS N  
122B SOUTH WAUKESHA STREET  
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: P ( ) Delete  
Name: JOHNSON, MITCH  
Address: ADOLPH WHITAKER ROAD  
City-St-Zip: BONIFAY, FL 32425

Title: VP ( ) Delete  
Name: REEVES, NEAL  
Address: 1933 HIGHWAY 177  
City-St-Zip: BONIFAY, FL 32425

Title: S/T ( ) Delete  
Name: REEVES, BARBARA  
Address: 1933 HIGHWAY 177  
City-St-Zip: BONIFAY, FL 32425

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA REEVES

S/T

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date