

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002717

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** FLORIDA STATE COUNCIL PENTECOSTAL ASSEMBLIES, INC.

**Current Principal Place of Business:**

1733 MERCY DR  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

1733 MERCY DR  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWTON, BILLY G  
306 NORTH DOLLINS AVE  
ORLANDO, FL 32805 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: NEWTON, BILLY G  
Address: 306 N DOLLINS AVE  
City-St-Zip: ORLANDO, FL 32808

Title: V ( ) Delete  
Name: THOMAS, ROBERT B  
Address: PO BOX 2819  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: BRIDGEWATER, ELVIN S DR  
Address: 3071 NW 70TH TERR  
City-St-Zip: MIAMI, FL 33147

Title: T ( ) Delete  
Name: LUSTER, ARDEN L  
Address: 8057 THRASHER AVE  
City-St-Zip: JACKSONVILLE, FL 32219

Title: S ( ) Delete  
Name: LAWSON, JOHN  
Address: 211 MELFORD PLACE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**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:

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: BILLY G. NEWTON

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date