2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N07000007219

Entity Name: TRANSFORMING LIFE CHURCH ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

4370 GAMBLE ROAD
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 215
LLOYD, FL 323370215

New Mailing Address:

P.O. BOX 235
LLOYD, FL 323370235 US

FEI Number: 56-2672617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCHHOLTZ, BEVERLY
4370 GAMBLE ROAD
MONTICELLO, FL 32344 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: PD ( ) Delete
Name: BUCHHOLTZ, TIMOTHY C
Address: 4370 GAMBLE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: VPD ( ) Delete
Name: BUCHHOLTZ, BEVERLY
Address: 4370 GAMBLE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete
Name: GERRELL, DONALD
Address: 2716 PARSONS REST
City-St-Zip: TALLAHASSEE, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BUCHHOLTZ, TIMOTHY C REV
Address: 4370 GAMBLE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: VPD (X) Change ( ) Addition
Name: BUCHHOLTZ, BEVERLY REV
Address: 4370 GAMBLE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D (X) Change ( ) Addition
Name: GERRELL, DONALD REV
Address: 2716 PARSONS REST
City-St-Zip: TALLAHASSEE, FL 32425

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: TIMOTHY C. BUCHHOLTZ PD 04/23/2008

Electronic Signature of Signing Officer or Director — Date