

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007219

FILED  
Jun 04, 2009  
Secretary of State

**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:**

7337A OLD LLOYD ROAD  
MONTICELLO, FL 32344

**Current Mailing Address:**

P.O. BOX 235  
LLOYD, FL 323370235 US

**New Mailing Address:**

FEI Number: 56-2672617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BUCHHOLTZ, BEVERLY  
4370 GAMBLE ROAD  
MONTICELLO, FL 32344      US

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 REV  
Address: 4370 GAMBLE ROAD  
City-St-Zip: MONTICELLO, FL 32344

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

Title: D      ( ) Delete  
Name: GERRELL, DONALD REV  
Address: 2716 PARSONS REST  
City-St-Zip: TALLAHASSEE, 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: TIMOTHY C BUCHHOLTZ

PD

06/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date