

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009941

FILED
May 07, 2009
Secretary of State

Entity Name: FIRST ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

325 10TH AVE SOUTH
JACKSONVILLE, FL 32250

New Principal Place of Business:

325 10TH AVE SOUTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

325 10TH AVE SOUTH
JACKSONVILLE, FL 32250

New Mailing Address:

325 10TH AVE SOUTH
JACKSONVILLE BEACH, FL 32250

FEI Number: **FEI Number Applied For (X)** **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:

LOCKE, PAMELA
12126 CAP FERRAT STREET
JACKSONVILLE, FL 32224 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: PRES () Delete
Name: LOCKE, OTIS J PASTOR
Address: 12126 CAP FERRAT ST
City-St-Zip: JACKSONVILLE, FL 32224

Title: SEC () Delete
Name: LOCKE, PAMELA J SEC
Address: 12126 CAP FERRAT ST
City-St-Zip: JACKSONVILLE, FL 32224

Title: TREA () Delete
Name: LACY, JENNIFER E TREASUR
Address: 3012 PEACH DR
City-St-Zip: JACKSONVILLE, FL 32246

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: PAMELA LOCKE

SECR

05/07/2009

Electronic Signature of Signing Officer or Director

Date