## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08487

FILED Apr 20, 2009 Secretary of State

Entity Name: GOLDEN GATE ASSEMBLY OF GOD, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3899 29TH AVE SW NAPLES, FL 341178429 US **Current Mailing Address: New Mailing Address:** 3899 29TH AVE SW NAPLES, FL 341178429 US FEI Number: 59-2236138 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOWLER, CARL J PASTOR 2280 14 TH. ST. N. NAPLES, FL 341034834 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FOWLER, JEFF PASTOR Name: Name: 2280 14TH. ST. N. Address: Address: City-St-Zip: NAPLES, FL 34103 US City-St-Zip: Title: DT () Delete Title: () Change () Addition MORGAN, TERRILL A Name: Name: Address: 211 PRICE ST. Address: City-St-Zip: NAPLES, FL 34113 US City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, SINCLAIRE A Name: Name: Address: 511 14TH, ST, N,E Address: City-St-Zip: NAPLES, FL 34116 US City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: POLLY, MICHAEL J Name: WEBLEY, EVERTON A DIR. 6299 PARKERS HAMMOCK RD. 2990 6TH. ST NW Address: Address: City-St-Zip: NAPLES, FL 34112 US City-St-Zip: NAPLES, FL 34120 US Title: ( ) Delete Title: (X) Change ( ) Addition GONZALEZ, MELVIN S GONZALEZ, MELVIN S DIR. Name: Name: 203 BURNT PINE DRIVE 203 BURNT PINE DRIVE Address: Address: City-St-Zip: NAPLES, FL 34119 US City-St-Zip: NAPLES, FL 34119 US Title: () Delete Title: (X) Change ( ) Addition MORGANTHAL, TERRIE O GUISTO, KATHY Name: Name: Address: 1080 14TH. AVE. S.E. Address: 10188 SHADE TREE CT. NAPLES, FL 34120 US BONITO SPRINGS, FL 34135 US City-St-Zip: 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: TERRILL MORGAN DT 04/20/2009