2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State
04-12-2007 90048 027 ****70.00

DOCUMENT # N09644

1. Entity Name

COLEMAN FIRST ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
505 MULBERRY STREET COLEMAN FL 33521	P.O. BOX 38 COLEMAN FL 33521

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2243523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLAYTON, SAMUEL W HWY 470 CR 531 SUMTERVILLE FL 33585	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Samuel W. Clayton 3-25-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DVP CLAYTON, SAMUEL W HWY 470 CR 531 SUMTERVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CANADAY, NANCI 747 SR 471 SUMTERVILLE FL 33585-	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TERRY, MARY 4528 CR 508 WILDWOOD FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WOHLFAHRT, FRANCES 2300 CR 524 SUMTERVILLE FL 33585	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP DALE, DAVID A 715 BOITHOIT LANE BUSHNELL FL 33513	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DS STOWELL, IRVIN 1165 CR 650 BUSHNELL FL 33513	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PITTMAN, ELAINE 2105 MARTIN ST COLEMAN FL 33521	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D RIVERA, JOSE PO BOX 971 COLEMAN FL 33521-0971	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Irving Stowell 25 March, 2007 352-568-7295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #