

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09644

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: COLEMAN FIRST ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

505 MULBERRY STREET  
COLEMAN, FL 33521

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 38  
COLEMAN, FL 33521

**New Mailing Address:**

FEI Number: 59-2243523      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

STOWELL, IRVIN E  
1165 CR 650  
BUSHNELL, FL 33513      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: DT ( ) Delete  
Name: CANADAY, NANCI  
Address: 747 SR 471  
City-St-Zip: SUMTERVILLE, FL 33585

Title: D ( ) Delete  
Name: WOHLFAHRT, FRANCES  
Address: 2300 CR 524  
City-St-Zip: SUMTERVILLE, FL 335854930

Title: DP ( ) Delete  
Name: DALE, DAVID A  
Address: 715 BOITHOIT LANE  
City-St-Zip: BUSHNELL, FL 33513

Title: DS ( ) Delete  
Name: STOWELL, IRVIN  
Address: 1165 CR 650  
City-St-Zip: BUSHNELL, FL 33513

Title: D (X) Delete  
Name: PITTMAN, ELAINE  
Address: 2105 MARTIN ST  
City-St-Zip: COLEMAN, FL 33521

**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:

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: DAVID A. DALE

P

02/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date