2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# N10032

Entity Name: MAXVILLE ASSEMBLEY OF GOD, INC.

Current Principal Place of Business:

9140 HIGHWAY 301 S
JACKSONVILLE, FL 32234

New Principal Place of Business:

Current Mailing Address:

9140 HIGHWAY 301 S
JACKSONVILLE, FL 32234

New Mailing Address:

FEI Number: 59-2236288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADKINS, LINDA L.
17399 NORMANDY BLVD.
MAXVILLE, FL 32234 US

Name and Address of New Registered Agent:

ADKINS, LINDA L.
10426 INNISBROOK DRIVE
JACKSONVILLE, FL 32222 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: LINDA L. ADKINS 03/22/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADKINS, LINDA L.,
Address: 10426 INNISBROOK
City-St-Zip: JACKSONVILLE, FL 32221

Title: VD ( ) Delete
Name: SCAIFE, WILLIAM O.,I, II
Address: 2533 CROOKED CREEK
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD ( ) Delete
Name: ADKINS, HOWARD C.,
Address: 10426 INNISBROOK
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD ( ) Delete
Name: LOWERY, STAN,
Address: 1133 COPPER CREEK DR
City-St-Zip: MACCLENNY, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: SCAIFE, WILLIAM O.,I, II
Address: 2764 SHADE TREE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: LOWERY, KAROL,
Address: 1133 COPPER CREEK DR
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Change (X) Addition
Name: LOWERY, STANLEY G.,
Address: 1133 COPPER CREEK DR.
City-St-Zip: MACCLENNY, FL 32068 US

Title: D ( ) Change (X) Addition
Name: ROBERTS, KAREN S.,
Address: 4540 CAMELLIA STREET
City-St-Zip: MIDDLEBURG,, FL 32068 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA L. ADKINS PD 03/22/2006
Electronic Signature of Signing Officer or Director — Date