2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N12509

Entity Name: SHADY GROVE ASSEMBLY OF GOD CHURCH, INC.

Current Principal Place of Business:

C/O SHADY GROVE ASSEMBLY OF GOD
1189 SHADY GROVE RD
BAKER, FL 32531 US

New Principal Place of Business:

Current Mailing Address:

1189 SHADY GROVE RD
BAKER, FL 32531 US

New Mailing Address:

FEI Number: 59-2285800 **FEI Number Applied For ( )** **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:

MOUNCE, MARTIN E SR.
1185 SHADY GROVE ROAD
BAKER, FL 32531 US

Name and Address of New Registered Agent:

SENN, WILLIAM C
1185 SHADY GROVE ROAD
BAKER, FL 32531 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: WILLIAM C. SENN 05/01/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TR ( ) Delete
Name: WILCOX, THRESSA
Address: 1190 WALKER DRIVE
City-St-Zip: BAKER, FL 32531 US

Title: D ( ) Delete
Name: BAKER, ARTHUR
Address: 6958 HWY 189N
City-St-Zip: BAKER, FL 32531 US

Title: TR ( ) Delete
Name: WITCHER, JUSTIN
Address: 1190 HIGHWAY 189N
City-St-Zip: BAKER, FL 32531 US

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: THRESSA WILCOX TR 05/01/2008
Electronic Signature of Signing Officer or Director Date