

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12509

FILED  
Mar 15, 2009  
Secretary of State

**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 ( )**

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

SENN, WILLIAM C  
1185 SHADY GROVE ROAD  
BAKER, FL 32531 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: 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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SEC (X) Change ( ) Addition  
Name: WILCOX, THRESSA D  
Address: 1190 WALKER DRIVE  
City-St-Zip: BAKER, FL 32531 US

Title: D (X) Change ( ) Addition  
Name: WADE, LEONARD  
Address: 3880 BEAR HEAD ROAD  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: D (X) Change ( ) Addition  
Name: BEAN, CLIFFORD JR  
Address: 3334 BROADVIEW CIRCLE  
City-St-Zip: CRESTVIEW, FL 32536 US

Title: D ( ) Change (X) Addition  
Name: SANDERS, RAYMOND  
Address: 1475 AARON BAKER ROAD  
City-St-Zip: BAKER, FL 32531 US

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 D. WILCOX

SEC

03/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date