

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15381

FILED
May 11, 2009
Secretary of State

Entity Name: POLK CITY ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

530 COMMONWEALTH
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 356
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 94-3468869 **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:

Name and Address of New Registered Agent:

LAWLOR, WALTER P REV
530 COMMONWEALTH AVE
POLK CITY, FL 33868 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAWLOR, WALTER P REV
Address: 7740 NATURE TRAIL
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: BYRD, DAVID G
Address: 10138 SLAUGHTERHOUSE RD.
City-St-Zip: POLK CITY, FL 33868

Title: D () Delete
Name: HUNTT, PHILLIP
Address: 10200 STEVEN DR.
City-St-Zip: POLK CITY, FL 33868

Title: D () Delete
Name: SHULTZ, RON
Address: 361 CLEARWATER LAKE DR.
City-St-Zip: POLK CITY, FL 33868

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MANLEY, DOROTHY
Address: BERKLEY RD
City-St-Zip: POLK CITY, FL 33868

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

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

Title: D () Change (X) Addition
Name: WILKINS, DARROL F
Address: 3RD STREET
City-St-Zip: POLK CITY, FL 33868

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: WALTER LAWLOR

REV

05/11/2009

Electronic Signature of Signing Officer or Director

Date