

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18863

FILED
Jan 05, 2006
Secretary of State

Entity Name: FIRST ASSEMBLY OF GOD OF RUSKIN, INC.

Current Principal Place of Business:

2322 11 AVE. SE
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

2322 11 AVE. SE
RUSKIN, FL 33570

New Mailing Address:

FEI Number: 59-2749138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUBRANO, JERRY
12213 RAVENS NEST PLACE
RIVERVIEW, FL 33569 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: PD () Delete
Name: LUBRANO, JERRY
Address: 12213 RAVENS NEST PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: COUNCIL, BUFORD (BUTCH)
Address: 2703 24TH STREET SE
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: ROATEN, STEVE
Address: 3106 33RD AVE SE
City-St-Zip: RUSKIN, FL 33570

Title: DT () Delete
Name: ALMAND, SHIRLEY
Address: 502 1ST STREET SW
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: VARN, AARON
Address: 1618 6TH STREET SE
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: BUTLER, WILLIAM
Address: P O BOX 382
City-St-Zip: BALM, FL 33503

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:

Title: D (X) Change () Addition
Name: DRYMON, KAY
Address: 2601 11TH AVE. SE
City-St-Zip: RUSKIN, FL 33570

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: SHIRLEY ALMAND

DT

01/05/2006

Electronic Signature of Signing Officer or Director

Date