

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21068

FILED
Apr 13, 2007
Secretary of State

Entity Name: MERRITT ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

165 NORTH GROVE STREET
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

165 NORTH GROVE STREET
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 20-8007511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULK, JOHN S
165 NORTH GROVE STREET
MERRITT ISLAND, FL 32953 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: P () Delete
Name: ARTHURS, ROBERT L
Address: 1470 CUNNINGHAM AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V () Delete
Name: MASON, WILLIAM O
Address: 252 SUMMERS CREEK DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ST () Delete
Name: RUSSO, THOMAS
Address: 2460 SAN LORENZO COURT
City-St-Zip: MERRITT ISLAND, FL 32953

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

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: O () Change (X) Addition
Name: GREENE, PATRICIA
Address: 6540 CORSICA BLVD
City-St-Zip: COCOA, FL 32927

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: ROBERT L. ARTHURS

P

04/13/2007

Electronic Signature of Signing Officer or Director

Date