2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N24705

Entity Name: THE QUINCY FIRST ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

753 E. JEFFERSON ST.
QUINCY, FL 32351

New Principal Place of Business:

757 E. JEFFERSON ST.
QUINCY, FL 32351

Current Mailing Address:

PO BOX 283
QUINCY, FL 32351

New Mailing Address:

FEI Number: 59-3543246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HINSON, HELEN G
P O BOX 5968
1315 SUCCESS WAY
TALLAHASSEE, FL 32314 US

Name and Address of New Registered Agent:

HINSON, HELEN G
1315 SUCCESS WAY
TALLAHASSEE, FL 32305 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: _____ 01/21/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEEKS, DAWN
Address: RT 1., BOX 242
City-St-Zip: QUINCY, FL

Title: PD ( ) Delete
Name: SHEPARD, VIRGINIA L.,
Address: CORNER OF 9TH & GREEN ST
City-St-Zip: GREENSBORO, FL

Title: D ( ) Delete
Name: WOOD, GLEN D.
Address: RURAL ROUTE 1, BOX 155E CHATTAHOOCHEE CIR
City-St-Zip: BRISTOL, FL

Title: D ( ) Delete
Name: HINSON, HELEN G
Address: P O BOX 5968
City-St-Zip: TALLAHASSEE, FL 323145968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WEEKS, DAWN
Address: 902 LITTLE SYCAMORE RD
City-St-Zip: QUINCY, FL 32351

Title: PD (X) Change ( ) Addition
Name: SHEPARD, VIRGINIA L.,
Address: 281 GREEN AVE
City-St-Zip: GREENSBORO, FL 32330

Title: D (X) Change ( ) Addition
Name: WOOD, GLEN D
Address: 7505 NW CHATTAHOOCHEE CIR
City-St-Zip: BRISTOL, FL 32321

Title: D (X) Change ( ) Addition
Name: HINSON, HELEN G
Address: 1315 SUCCESS WAY
City-St-Zip: TALLAHASSEE, FL 32305

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: DAWN WEEKS D 01/21/2009
Electronic Signature of Signing Officer or Director — Date