2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 07, 2008 08:00 AM DOCUMENT # N25787 1. Entity Name . **Secretary of State** RICHLAND ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address 8527 OLD LAKELAND HWY 8527 OLD LAKELAND HWY ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2239278 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOKES, ROBERT W JR Street Andress (P.O. Box Number is Not Acceptable) 7933 E GLENRIDGE LP LAKELAND FL 33809 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and the Jianpicable (NOTE: Registered Agent signature required when reinstating) DATE Notes at the contract of the c FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1; 2008 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delote TITLE Change | HELMS, CHRISTOPHER NAME U00000819243 34245 BELT DR STREET ADDRESS STREET ADDRESS 02/15/08-80076-001 61.25 DADE CITY FL 33523 CITY - ST - ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition HELMS, JANICE NAME 34245 BELT DR STREET ADDRESS STREET ADDRESS DADE CITY FL 33523 CITY-ST-2IP CITY - ST- ZiP moitibhA 🔲 TITLE ☐ Delete TITLE BELLAMY, CYNTHIA NAME NAME 10830 BECKUM RD. STREET ADDRESS STREET ADDRESS DADE CITY FL 33525 CITY: ST-ZIP CITY-ST-ZiP PD THLE ☐ Delete Change Addition STOKES, ROBERT W NAME NAME STREET ADDRESS 7933 E GLENRIDGE LP STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZiP TITLE ☐ Delete 10110 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete THILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all-either like empowered.

SIGNATURE:

Quasuer

2/5/08