

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25787

**FILED**  
**Feb 06, 2011**  
**Secretary of State**

**Entity Name:** RICHLAND ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

8527 OLD LAKELAND HWY  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

**Current Mailing Address:**

8527 OLD LAKELAND HWY  
ZEPHYRHILLS, FL 33540

**New Mailing Address:**

PO BOX 2606  
DADE CITY, FL 33526

**FEI Number:** 59-2239278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HELMS, JANICE M  
34245 BELT DR  
DADE CITY, FL 33523 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:** VD  
**Name:** HELMS, CHRISTOPHER N  
**Address:** 34245 BELT DR  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** TD  
**Name:** HELMS, JANICE M  
**Address:** 34245 BELT DR  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** SD  
**Name:** BELLAMY, CYNTHIA  
**Address:** 10830 BECKUM RD.  
**City-St-Zip:** DADE CITY, FL 33525

**Title:** PD  
**Name:** FAUGHNAN, JOHN J  
**Address:** 8527 OLD LAKELAND HWY  
**City-St-Zip:** ZEPHYRHILLS, FL 33540

I hereby 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 all other like empowered.

**SIGNATURE:** JANICE M. HELMS

TD

02/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date