

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 22, 2009
Secretary of State

DOCUMENT# N27160

Entity Name: FIRST ASSEMBLY OF GOD OF MACCLENNY, INC.**Current Principal Place of Business:**206 N. 5TH STREET
P. O. BOX 1188
MACCLENNY, FL 32063**New Principal Place of Business:**206 N. 5TH STREET
MACCLENNY, FL 32063**Current Mailing Address:**P. O. BOX 1188
MACCLENNY, FL 32063**New Mailing Address:****FEI Number:** 59-2905672**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**POTTS, JOSHUA S P
206 N 5TH STREET
MACCLENNY, FL 32063 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: D () Delete
Name: BUCKHEIM, ART
Address: PO BOX 1291
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: S () Delete
Name: WATSON, DEREK
Address: 13459 CR 127
City-St-Zip: SANDERSON, 32087

Title: T () Delete
Name: CARLTON, CHARLES M
Address: 6537 JIM STARLING RD
City-St-Zip: MACCLENNY, FL 32063

Title: D () Delete
Name: PARISH, EARL
Address: RT. 1 BOX 1445 HWY 185
City-St-Zip: ST. GEORGE, GA 31562

Title: D (X) Delete
Name: WADDELL, JIMMY
Address: 6188 WELLS RD
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POTTS, JOSHUA S
Address: 206 N 5TH STREET
City-St-Zip: MACCLENNY, FL 32063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WADDELL, JIMMY
Address: 6188 WELLS RD
City-St-Zip: MACCLENNY, FL 320636

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSHUA S POTTS

P

12/22/2009

Electronic Signature of Signing Officer or Director

Date