

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N28564

1. Entity Name
LIFE ASSEMBLY OF GOD, INC.



Principal Place of Business
2269 PARTIN SETTLEMENT ROAD
KISSIMMEE, FL 34744

Mailing Address
2269 PARTIN SETTLEMENT ROAD
KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2911104

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MATLOCK, DUKE C
4471 PINE TREE DRIVE
ST CLOUD, FL 34772

**DO NOT WRITE
IN THIS SPACE**

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 Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000665408
03/23/07-80027-009 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEYS, JOHN
161 LAKEVIEW DR
HAINES CITY, FL 33844

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PANCAKE, WILLIAM L
1950 GRANADA
KISSIMMEE, FL 34746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OLIVO, PEDRO A
5332 MILLSTREAM DR
ST CLOUD, FL 34771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATLOCK, DUKE C
4417 PINE TREE
ST. CLOUD, FL 34772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILKINSON, JAMES M
3379 TIMUCUA CIRCLE
ORLANDO, FL 328377133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, TIMOTHY D
2322 BUTTERNUT CT
KISSIMMEE, FL 347442802

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/07