2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N28564

Entity Name: LIFE ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

2269 PARTIN SETTLEMENT ROAD
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2269 PARTIN SETTLEMENT ROAD
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-2911104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATLOCK, DUKE C
1650 LORALYN DR
KISSIMMEE, FL 34744 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:	KEYS, JOHN	
Address:	161 LAKEVIEW DR	
City-St-Zip:	HAINES CITY, FL 33844 US	
Title:	S/D	( ) Delete
Name:	PANCAKE, WILLIAM L	
Address:	1950 GRANADA	
City-St-Zip:	KISSIMMEE, FL 34746 US	
Title:	D	( ) Delete
Name:	OLIVO, PEDRO A	
Address:	5332 MILLSTREAM DR	
City-St-Zip:	ST CLOUD, FL 34771 US	
Title:	P/D	( ) Delete
Name:	MATLOCK, DUKE C	
Address:	1650 LORALYN DR	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	D	( ) Delete
Name:	WILKINSON, JAMES M	
Address:	3379 TIMUCUA CIRCLE	
City-St-Zip:	ORLANDO, FL 32837	
Title:	T/D	( ) Delete
Name:	WILSON, TIMOTHY D	
Address:	2322 BUTTERNUT CT	
City-St-Zip:	KISSIMMEE, FL 34744	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DUKE C. MATLOCK P/D 04/23/2009

Electronic Signature of Signing Officer or Director — Date