

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33332

FILED
Apr 08, 2008
Secretary of State

Entity Name: HILLIARD FIRST ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

551630 US HIGHWAY 1
HILLIARD, FL 32046 US

New Principal Place of Business:

Current Mailing Address:

C/O DIANA HINSON
P.O. BOX 670
HILLIARD, FL 32046 US

New Mailing Address:

FEI Number: 59-2256005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIANA HINSON
551630 US HWY 1
HILLIARD, FL 32046 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: PD () Delete
Name: JOHNS, ARLIE W.,
Address: 37027 MICHIGAN ST.
City-St-Zip: HILLIARD, FL 32046

Title: D () Delete
Name: RAULERSON, DANNY,
Address: 3692 MONITOR TRAIL
City-St-Zip: HILLIARD, FL 32046

Title: S () Delete
Name: HINSON, DIANA
Address: 28288 LAKE HAMPTON RD.
City-St-Zip: HILLIARD, FL 32046

Title: T () Delete
Name: SECRIST, DENNIS
Address: 457146 OLD DIXIE HIGHWAY
City-St-Zip: HILLIARD, FL 32046

Title: D () Delete
Name: HINSON, STEVE
Address: 28288 LAKE HAMPTON RD.
City-St-Zip: HILLIARD, FL 32046

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:

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: DIANA HINSON

S

04/08/2008

Electronic Signature of Signing Officer or Director

Date