2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # N40055 1. Entity Name CHATTAHOOCHEE FIRST ASSEMBLY OF GOD INC.



FILED Mar 06, 2007 08:00 A **Secretary of State**

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Principal Place of Business Mailing Address 721 CHATTAHOOCHEE ST. P O BOX 518 CHATTAHOOCHEE FL 32324 CHATTAHOOCHEE FL 32324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State FEI Number Applied For NO-T APPLICABLE Not Applicable Ζıp Country Ζıp Country \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent VICKERY, DOROTHY Street Address (P Box Number is Not Acceptable) 524 PEARL ST. CHATTAHOOCHEE FL 32324 City Zip Code 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. Noed or ofinited name of registered agent and title if applicable DATE (NOTE: Registered Agent signature regulied) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **5.00** May Be Trust Fund Contribution. Due By May 1, 2007 dded to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 ☐ Delete 11115. ШU ☐ Change Addition NAMI SHIVER, OLIVER NAMI U00000657385 STREET ADDRESS STREET ADDRESS P.O. BOX 182 N/A 03/14/07-80067-002 61.25 CHY-S1-7IP CITY-ST-ZIP CHATTAHOOCHEE FL Delete HITTE mu: Change Addition NAMI NAMI VICKERY, DOROTHY STREET ADDRESS STREET ADORESS 524 PEARL ST CITY-S1-2iP CITY-ST-ZIP CHATTAHOOCHEE FL mu ☐ Delete Change Addition NAM GLASS, ROBERT STREET ADDRESS STREET ADDRESS 1167 SUNDAY RD CITY - ST- ZIP CHY-ST-7IP CHATTAHOOCHEE FL 32324 ☐ Defete ■ Addition ☐ Change NAMI. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP THITE Delete ☐ Change ☐ Addibon NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP HHE ☐ Delete TIFE □ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther 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.

CHY-SI-ZIP

CHY-ST-ZIP

Dorothy Vikkery