

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40248

FILED
Apr 16, 2008
Secretary of State

Entity Name: BALDWIN FIRST ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

17347 U.S. HWY 90 WEST
BALDWIN, FL 32234 US

New Principal Place of Business:

Current Mailing Address:

17347 U.S. HWY 90 WEST
BALDWIN, FL 32234 US

New Mailing Address:

FEI Number: 59-3374167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUTSON, ROBERT O REV
100 OSCAR ROAD
BALDWIN, FL 32234 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: MURPHEY, CHARLES,
Address: 620 ORANGE AVE
City-St-Zip: BALDWIN, FL 34834

Title: D () Delete
Name: KENNEDY, GARY S
Address: 528 PLEASANT PINE DRIVE
City-St-Zip: JACKSONVILLE, FL 32220

Title: D () Delete
Name: SMITH, LANCE
Address: 55 BRANDY BRANCH RD
City-St-Zip: BALDWIN, FL 32234

Title: ST () Delete
Name: SMITH, CONNIE
Address: 7068 HORSESHOE CIRCLE
City-St-Zip: BRYCEVILLE, FL 32009

Title: D () Delete
Name: CASON, JACK
Address: 5225 VERANO POINT WAY
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLOWERS, TIM,
Address: P O BOX 218
City-St-Zip: BRYCEVILLE, FL 32009

Title: D (X) Change () Addition
Name: LONG, DANNY
Address: 6443 BOB KIRKLAND ROAD
City-St-Zip: MACCLENLY, FL 32063

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

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

Title: D (X) Change () Addition
Name: CREWS, WINDELL
Address: 1465 WINNEBAGO AVE
City-St-Zip: JACKSONVILLE, FL 32210

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: CONNIE B SMITH

S\T

04/16/2008

Electronic Signature of Signing Officer or Director

Date