

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41917

FILED
Jun 22, 2009
Secretary of State

Entity Name: EVANGEL ASSEMBLY OF GOD CHURCH, INC.

Current Principal Place of Business:

350 S. BERNER ROAD
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

350 S. BERNER ROAD
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 59-2236258 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311 US

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: P () Delete
Name: CORLEY, GARY
Address: 350 S. BERNER ROAD
City-St-Zip: CLEWISTON, FL 33440

Title: DT () Delete
Name: MOORE, FRANK JR
Address: 624 E. CONCORDIA
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: MUSGRAVE, CHRIS
Address: 350 S BERNER ROAD
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: LISENBY, LARRY
Address: 750 S. PALOMINO
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: REID, EDDIE
Address: 915 N. BERNER ROAD
City-St-Zip: CLEWISTON, FL 33440

Title: DS () Delete
Name: CARTER, GAILE
Address: 1030 BAYBERRY LOOP
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MUSGRAVE, CHRIS
Address: 926 SAWGRASS STREET
City-St-Zip: CLEWISTON, FL 33440

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: GARY CORLEY

PRES

06/22/2009

Electronic Signature of Signing Officer or Director

Date