2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N49139 1. Entity Name 03-08-2006 90173 001 ****61.25 GLAD TIDINGS ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address 138 EAST ORANGE AVENUE WEWAHITCHKA FL P.O. BOX 128 WEWAHITCHKA FL 32465 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2351251 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, JOEY 138 EAST ORANGE AVE. Street Address (P.O. Box Number is Not Acceptable) WEWAHITCHKA FL 32465 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 35 FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ner an OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE X Delete TITLE Change Addition NAME DEAN, CARL NAME Dot Hamm STREET ADDRESS 182 OLD DIARY FARM RD. STREET ADDRESS 265 Dianna Street WEWAHITCHKA FL 32465 CITY-ST-ZIP CITY-ST-ZIP Wewahitchka, FL 32465 TITLE ☐ Delete TITLE X Change ☐ Addition GORTMAN, VICTOR NAME NAME Keith Pridgeon 3100 LAKE GROVE RD. STREET ADDRESS STREET ADDRESS 4778 Highway 71 WEWAHITCHKA FL 32465 CITY-ST-ZIP CITY-ST-ZIP Wewahitchka, FL 32465 TITLE X Delete BILE Change ☐ Addition NAME DEESE, D.G. NAME 237 CATALPA AVENUE STREET ADDRESS STREET ADDRESS WEWAHITCHKA FL 32465 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Detete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP

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



DOT

Hamm 2/15/06

(850)639-2661

FILED

Mar 08, 2006 8:00 am