

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49139

FILED
Mar 11, 2009
Secretary of State

Entity Name: GLAD TIDINGS ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

138 EAST ORANGE AVENUE
WEWAHITCHKA, FL

New Principal Place of Business:

138 EAST ORANGE AVENUE
WEWAHITCHKA, FL 32465

Current Mailing Address:

P.O. BOX 128
WEWAHITCHKA, FL 32465 US

New Mailing Address:

FEI Number: 59-2351251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOEY
138 EAST ORANGE AVE.
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

SMITH, JOEY REV.
138 EAST ORANGE AVE.
WEWAHITCHKA, FL 32465 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: REV. JOEY SMITH

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMM, DOT
Address: 265 DIANNA STREET
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: RICH, DEE
Address: 286 LAKEVIEW DRIVE
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: SHAVERS, MORRIS
Address: 210 ROBERTS CEMETERY ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HYSMITH, TIMOTHY
Address: 224 ORANGE AVENUE
City-St-Zip: WEWAHITCHKA, FL 32465

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: MORRIS SHAVERS

D.

03/11/2009

Electronic Signature of Signing Officer or Director

Date