

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000492

FILED
Apr 23, 2008
Secretary of State

Entity Name: FIRST ASSEMBLY OF GOD CHURCH OF SOUTHPORT, FLORIDA, INC.

Current Principal Place of Business:

7809 COUNTY HWY. 2302
SOUTHPORT, FL 32409

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8107
SOUTHPORT, FL 32409 US

New Mailing Address:

FEI Number: 59-3145970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEREDITH, MATTHEW C
304 MAGNOLIA AVENUE
PANAMA CITY, FL 32402 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: OGLESBY, ROBERT
Address: 7917 HWY 2311
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: PETERSON, ROY
Address: 5631 BROOK FOREST DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: P () Delete
Name: SELLERS, JOSEPH
Address: 7810 HWY 2302
City-St-Zip: SOUTHPORT, FL 32409

Title: ST () Delete
Name: STUKEY, GAIL
Address: 3922 CHARANNA LANE
City-St-Zip: PANAMA CITY, FL 32409

Title: D () Delete
Name: CREAMER, BOBBY E
Address: P O BOX 8566
City-St-Zip: SOUTHPORT, FL 32409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TREA (X) Change () Addition
Name: STUKEY, GAIL
Address: 3922 CHARANNA LANE
City-St-Zip: PANAMA CITY, FL 32409

Title: D (X) Change () Addition
Name: HUTTO, JOHNATHAN E
Address: 7420 HWY 2302
City-St-Zip: SOUTHPORT, FL 32409

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: GAIL P. STUKEY

TREA

04/23/2008

Electronic Signature of Signing Officer or Director

Date