2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N93000002557

Entity Name: WAYSIDE ASSEMBLY OF GOD, INC. JACKSONVILLE, FL.

Current Principal Place of Business:

10440 NEW KINGS RD.
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

10440 NEW KINGS RD.
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-2235859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASK, WADE C
10440 NEW KINGS RD.
JACKSONVILLE, FL 32219 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: PRES ( ) Delete
Name: MASK, WADE C
Address: 9157 MONROE AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: TRES ( ) Delete
Name: MASK, SHARON D
Address: 9157 MONROE AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: SEC ( ) Delete
Name: AVIS, MARK
Address: 1706 LATOUR PL
City-St-Zip: JACKSONVILLE, FL 32221

Title: DEAC ( ) Delete
Name: MARTIN, RAY
Address: 6535 BRANDEMERE RD. N
City-St-Zip: JACKSONVILLE, FL 32211

Title: DEAC ( ) Delete
Name: AVIS, HARRY C
Address: 3543 TURTON AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: DEAC ( ) Delete
Name: MASK, SAMUEL R
Address: 5212 YERKES ST.
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: DEAC (X) Change ( ) Addition
Name: AVIS, HARRY C
Address: 1056 CARTER ROAD
City-St-Zip: LAWTEY, FL 32058

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: WADE C. MASK PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date