

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000950

FILED  
Mar 08, 2006  
Secretary of State

**Entity Name:** FIRST ASSEMBLY OF GOD OF NICEVILLE, INC.

**Current Principal Place of Business:**

108 HWY 85 NORTH  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

108 HWY 85 NORTH  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 59-2170026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANIELS, PHILLIP L  
127 DARTMOUTH WAY  
NICEVILLE, FL 32578 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: RPVD ( ) Delete  
Name: DANIELS, PHILLIP L  
Address: 127 DARTMOUTH WAY  
City-St-Zip: NICEVILLE, FL 32578 US

Title: D ( ) Delete  
Name: COKER, JASON  
Address: 503 GREENWAY COVE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: D ( ) Delete  
Name: MORTIN, BILLY  
Address: 4256 LANCASTER DR  
City-St-Zip: NICEVILLE, FL 32578 US

Title: D ( ) Delete  
Name: WILSON, CESIL  
Address: 4692 WYNOKA WAY  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: D ( ) Delete  
Name: EDENS, WILLIAM  
Address: 5474 MONTERREY RD.  
City-St-Zip: CRESTVIEW, FL 32539

Title: SDT ( ) Delete  
Name: TROXELL, CLIFTON W  
Address: 1703 SYCAMORE AVE  
City-St-Zip: NICEVILLE, FL 32578 US

**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: MARTIN, BILLY  
Address: 4256 LANCASTER DR  
City-St-Zip: NICEVILLE, FL 32578 US

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 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: CLIFTON W. TROXELL

SDT

03/08/2006

Electronic Signature of Signing Officer or Director

Date