

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000950

FILED
Apr 07, 2009
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: MARTIN, BILLY
Address: 4256 LANCASTER DR.
City-St-Zip: NICEVILLE, FL 32578 US

Title: D () Delete
Name: FOSTER, DONALD
Address: 707 CYPRESS DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: D () Delete
Name: LUNDERMAN, KEENAN
Address: 1060 NORTHVIEW DRIVE
City-St-Zip: CRESTVIEW, FL 32536 US

Title: D () Delete
Name: MELTON, LONNIE
Address: 1734 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578

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: EDENS, WILLIAM
Address: 5474 MONTERREY ROAD
City-St-Zip: CRESTVIEW, FL 32539 US

Title: D (X) Change () Addition
Name: LEWIS, EDWARD
Address: 313 ST. ANDREWS DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: D (X) Change () Addition
Name: MULLINS, LOUIE
Address: 1776 THOMAS STREET
City-St-Zip: NICEVILLE, FL 32578

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: CLIFF TROXELL

SDT

04/07/2009

Electronic Signature of Signing Officer or Director

Date