

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001976

FILED
Apr 09, 2006
Secretary of State

Entity Name: BRATT ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

5150 W. HWY 4
CENTURY, FL 32535

New Principal Place of Business:

Current Mailing Address:

5150 W. HWY 4
CENTURY, FL 32535

New Mailing Address:

FEI Number: 59-2242172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAGEN, PEGGY J SEC/TRE
P.O. BOX 1085
CENTURY, FL 32535 US

Name and Address of New Registered Agent:

HOLLINGSHEAD, MELINDA D
1715 CAMPBELL RD
CENTURY, FL 32535 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: MELINDA HOLLINGSHEAD 04/09/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEEBLES, LEROY
Address: 5150 W. HWY 4
City-St-Zip: CENTURY, FL 32535

Title: D () Delete
Name: PEEBLES, RAYMOND
Address: 5150 W. HWY 4
City-St-Zip: CENTURY, FL 32535

Title: D () Delete
Name: ELLIOTT, I V
Address: 5150 W. HWY 4
City-St-Zip: CENTURY, FL

Title: D () Delete
Name: RIGGS, JIM
Address: 2971 OLD BRATT RD
City-St-Zip: ATMORE, AL

Title: ST () Delete
Name: DAGEN, PEGGY J
Address: P.O. BOX 1085
City-St-Zip: CENTURY, FL 32535

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: RIGGS, JIM
Address: 2791 OLD BRATT RD
City-St-Zip: ATMORE, AL

Title: S (X) Change () Addition
Name: PEEBLES, GLENIE
Address: 1900 CHRISTIAN HOME RD
City-St-Zip: MCDAVID, FL 32568

Title: T (X) Change () Addition
Name: HOLLINGSHEAD, MELINDA D
Address: 1715 CAMPBELL RD
City-St-Zip: CENTURY, FL 32535

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: MELINDA HOLLINGSHEAD T 04/09/2006
Electronic Signature of Signing Officer or Director Date