

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001976

FILED  
Apr 15, 2007  
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:**

HOLLINGSHEAD, MELINDA D  
1715 CAMPBELL RD  
CENTURY, FL 32535      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: 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: RIGGS, JIM  
Address: 2791 OLD BRATT RD  
City-St-Zip: ATMORE, AL

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

Title: T      ( ) Delete  
Name: HOLLINGSHEAD, MELINDA D  
Address: 1715 CAMPBELL RD  
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:      ( ) 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: MELINDA HOLLINGSHEAD

T

04/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date