

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N94000001976

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 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

TREA

03/22/2009

Electronic Signature of Signing Officer or Director

Date