

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000759

FILED
Jul 05, 2006
Secretary of State

Entity Name: LABELLE ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

123 FRASER AVENUE
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

PO BOX 323
LABELLE, FL 33935

New Mailing Address:

PO BOX 323
LABELLE, FL 33975

FEI Number: 65-0987151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AVERY, CLIFFORD D
123 FRASER AVENUE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

AVERY, CLIFFORD D
915 LAKE MANOR DR
LABELLE, FL 33935 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: _____

07/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AVERY, CLIFFORD D
Address: 915 LAKE MANOR
City-St-Zip: LABELLE, FL 33935

Title: VD () Delete
Name: LEARY, ROBERT E
Address: 85 HOWE AVENUE
City-St-Zip: LABELLE, FL 33935

Title: TD () Delete
Name: WILKINS, JULIE C
Address: 41 HAMPTON AVE
City-St-Zip: LABELLE, FL 33935

Title: VD () Delete
Name: LEARY, ROBERT E
Address: 95 HOWE ST.
City-St-Zip: LABELLE, FL 33935

Title: SD (X) Delete
Name: LEARY, MONA
Address: 95 HOWE AVENUE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MILLER, DAVID
Address: 670 WASHINGTON AVE
City-St-Zip: LABELLE, FL 33935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: RODRIQUEZ, ALEX
Address: 22050 WALTER GREER RD SW
City-St-Zip: LABELLE, FL 33935

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: JULIE C. WILKINS, TREASURER DIRECTOR

TD

07/05/2006

Electronic Signature of Signing Officer or Director

Date