

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 22, 2007 08:00 AM
Secretary of State**

DOCUMENT # N95000000759

1. Entity Name

LABELLE ASSEMBLY OF GOD, INC.



Principal Place of Business

**123 FRASER AVENUE
LABELLE, FL 33935**

Mailing Address

**PO BOX 323
LABELLE, FL 33975**



02102007 No Chg-NP

CR2E037 (4/08)

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4. FEI Number
65-0987151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AVERY, CLIFFORD D
915 LAKE MANOR DR
LABELLE, FL 33935**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVERY, CLIFFORD D 915 LAKE MANOR LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, DAVID 670 WASHINGTON AVE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILKINS, JULIE C 41 HAMPTON AVE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, ALEX 22050 WALTER GREER RD SW LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/07-80042-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie C Wilkins

Date

Daytime Phone #