

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000759

FILED  
Jan 16, 2010  
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 33975

**New Mailing Address:**

**FEI Number:** 65-0987151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AVERY, CLIFFORD D  
915 LAKE MANOR DR  
LABELLE, FL 33935 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:** PD  
**Name:** AVERY, CLIFFORD D  
**Address:** 915 LAKE MANOR  
**City-St-Zip:** LABELLE, FL 33935

**Title:** TD  
**Name:** MILLER, DAVID  
**Address:** 670 WASHINGTON AVE  
**City-St-Zip:** LABELLE, FL 33935

**Title:** SD  
**Name:** WILKINS, JULIE C  
**Address:** 41 HAMPTON AVE  
**City-St-Zip:** LABELLE, FL 33935

**Title:** VD  
**Name:** RODRIQUEZ, ALEX  
**Address:** 22050 WALTER GREER RD SW  
**City-St-Zip:** LABELLE, FL 33935

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID N. MILLER

TD

01/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date