


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90053 048 ****70.00

DOCUMENT # N95000001640 1. Entity Name NEW SMYRNA ASSEMBLY OF GOD, INC.					
Principal Place of Business 1849 ADOLPH WHITAKER RD BONIFAY, FL 32425 US			Mailing Address NEW SMYRNA A/G 1849 ADOLPH WHITAKER ROAD BONIFAY, FL 32425 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1849 Adolph Whitaker Rd. Suite, Apt. #, etc.			
City & State Zip 32425 Country USA		City & State Bonifay FL Zip 32425 Country USA		4. FEI Number 59-3378943 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				08052007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent TADLOCK, MICHAEL F 1927 LEWIS RD BONIFAY, FL 32425			7. Name and Address of New Registered Agent Name Greg Griffin Street Address (P.O. Box Number is Not Acceptable) 2313 Hwy 177A City Bonifay FL Zip Code 32425		
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 <u>Greg Griffin</u> DATE <u>8/5/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, CHRIS 2329 IDLEWOOD DRIVE BONIFAY, FL 32425	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, TIM 2605 PATE POND ROAD CARYVILLE, FL 32427	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULK, KEVIN 3876 DESALVO ROAD CARYVILLE, FL 32427	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TADLOCK, MICHAEL F 1927 LEWIS ROAD BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, GREG 2313 HWY 177A BONIFAY, FL 32425	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANN, PHILLIP 757 PINEVIEW LANE SAMSON, AL 36477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Greg Griffin</u>			DATE: <u>8/5/07</u> DAYTIME PHONE: <u>850-547-9559</u>		