2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006
Secretary of State

DOCUMENT# N95000004522

Entity Name: SNEADS ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

2062 RIVER ROAD
SNEADS, FL 32460

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 89
SNEADS, FL 32460 US

New Mailing Address:

FEI Number: 59-2176219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOUGLAS, JULIAN R
2062 RIVER ROAD
SNEADS, FL 32460 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	( ) Delete
Name:	DOUGLAS, JULIAN R	
Address:	2062 RIVER ROAD	
City-St-Zip:	SNEADS, FL 32460	
Title:	VP	( ) Delete
Name:	SNEADS, JAMES	
Address:	26372 CURLE ROAD	
City-St-Zip:	SNEADS, FL 32460	
Title:	VP	( ) Delete
Name:	RANEW, ALTON	
Address:	7886 SALE STREET	
City-St-Zip:	SNEADS, FL 32460	
Title:	D	( ) Delete
Name:	NOBLES, BRAD	
Address:	2944 CALEDONIA STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	D	( ) Delete
Name:	HIGHTOWER, TERRY	
Address:	8168 ADAMS ST	
City-St-Zip:	SNEADS, FL 32460	
Title:	D	( ) Delete
Name:	STONE, DOUG	
Address:	2237 RIVER RD.	
City-St-Zip:	SNEADS, FL 32460	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BALLARD, TIM	
Address:	2808 APACHEE TRAIL	
City-St-Zip:	MARIANNA, FL 32446	
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 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: MARY HIGHTOWER SEC 03/01/2006

Electronic Signature of Signing Officer or Director — Date