

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004522

FILED  
Jan 29, 2007  
Secretary of State

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: D ( ) Delete  
Name: BALLARD, TIM  
Address: 2808 APACHEE TRAIL  
City-St-Zip: MARIANNA, FL 32446

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: D (X) Change ( ) Addition  
Name: RANEW, ALTON  
Address: 7886 SALE STREET  
City-St-Zip: SNEADS, FL 32460

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

Title: VP (X) Change ( ) Addition  
Name: NOBLES, BRAD  
Address: 2944 CALEDONIA STREET  
City-St-Zip: MARIANNA, FL 32446

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

Title: D (X) Change ( ) Addition  
Name: ALEXANDER, DANA  
Address: P.O. BOX 154  
City-St-Zip: CYPRESS, FL 32432

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

S

01/29/2007

Electronic Signature of Signing Officer or Director

Date