

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

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004899**

1. Entity Name  
**FIRST ASSEMBLY OF GOD OF MAYO, INC.**



Principal Place of Business  
**294 SE MILLS STREET  
MAYO, FL 32066**

Mailing Address  
**POST OFFICE BOX 1748  
MAYO, FL 32066**

**DO NOT WRITE IN THIS SPACE**



01132007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3352295**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HICKS, JERRY  
309 NE SCHOOLHOUSE LANE  
MAYO, FL 32066**

**DO NOT WRITE  
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 reinstating)

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	D HICKS, JERRY N 309 NE SCHOOLHOUSE LANE MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, R A 190 SE HAWKINS AVE MAYO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCH, MINNIE K 1105 SE CR 340 MAYO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000530800  
01/18/07-80070-014 61.25

**DO NOT WRITE  
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:**

*Jerry N. Hicks* **Jerry N. Hicks**

Date

Daytime Phone #

1/13/07 (386) 294-1108