2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# N97000002622

Entity Name: NORTH FLORIDA GOSPEL ASSOCIATION, INCORPORATED.

Current Principal Place of Business:

MCCOY MISSIONARY BAPTIST CHURCH
5103 ARROWSMITH ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

MCCOY MISSIONARY BAPTIST CHURCH
5103 ARROWSMITH ROAD
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3441840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPP, GENEVA A
MCCOY MISSIONARY BAPTIST CHURCH
5103 ARROWSMITH ROAD
JACKSONVILLE, FL 32208 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:	CEO	( ) Delete
Name:	SAPP, GENEVA A	
Address:	MCCOY MISSIONARY BAPTIST CHURCH	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	T	( ) Delete
Name:	CANNON, JERRY	
Address:	1401 CARNATION ROAD	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	T	( ) Delete
Name:	SAPP, WILLIAM	
Address:	5103 ARROWSMITH	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	T	( ) Delete
Name:	MATHIS, FRANK	
Address:	5021 QUAN DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	T	( ) Delete
Name:	LONG, EDWARD P	
Address:	1629 MOSLEY STREET	
City-St-Zip:	JACKSONVILLE,, FL 32207	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: GENEVA A, SAPP P 04/20/2006

Electronic Signature of Signing Officer or Director — Date