2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N97000006507

Entity Name: FIRST ASSEMBLY OF GOD OF CROSS CITY INC.

Current Principal Place of Business:

HIGHWAY 351 NORTH
CROSS CITY, FL 326282007

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 620
CROSS CITY, FL 326282007

New Mailing Address:

FEI Number: 36-4226610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HODGES, ANN G CPA
85 NE 126TH STREET
CROSS CITY, FL 32628 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:	BM	( ) Delete
Name:	MEHAFFEY, A.D.	
Address:	P.O. BOX 835 (208 SE 21ST AVE)	
City-St-Zip:	CROSS CITY, FL 32628	
Title:	D	(X) Delete
Name:	MAULDEN, J.W.	
Address:	821 LIBERTY STREET	
City-St-Zip:	LIVE OAK, FL 320600000	
Title:	T	( ) Delete
Name:	NICHOLS, HELEN L	
Address:	P.O.BOX 2416	
City-St-Zip:	CHIEFLAND, FL 32644	
Title:	D	( ) Delete
Name:	NICHOLS, MARVIN V	
Address:	PO BOX 2416	
City-St-Zip:	CHIEFLAND, FL 32644	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: HELEN L NICHOLS T 04/21/2009

Electronic Signature of Signing Officer or Director — Date