## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000550

Entity Name: HERITAGE ASSEMBLY OF GOD, INC.

FILED Jun 11, 2009 Secretary of State

0	dustrial Discussion	Name Baile	in al Blace of Business	
298 CROS	rincipal Place of Business:	New Princ	ipal Place of Business:	
	SSEE, FL 32305			
Current Mailing Address:		New Maili	New Mailing Address:	
298 CROS TALLAHAS	SWAY RD SSEE, FL 32305			
	65-0760428 FEI Number Applied For ( ) FE ce with s. 607.193(2)(b), F.S., the corporation did not rece	<del>-</del>		
BURDESH 10806 WO	AW, ALICE H  ODVILLE HWY  SSEE, FL 32305 US			
The above in the State	named entity submits this statement for the purpo	se of changing i	ts registered office or registered agent, or both,	
SIGNATURE:				
	Electronic Signature of Registered Agent		Date	
OFFICERS	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete BURDESHAW, REV. ALICE H 10806 WOODVILLE HWY TALLAHASSEE, FL 32305	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ( ) Delete RYALS, KAYE 56 HOLIDAY DR. CRAWFORDVILLE, FL 32327	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition SLOAN, CALVIN 77 PONDEROSA DR. CRAWFORDVILLE, FL 32327	
Title: Name: Address: City-St-Zip:	VT () Delete WILLIAMS, LAWANDA 81 AUTUM WOODS WAY CRAWFORDVILLE, FL 32327	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () Delete MCKENZIE, MICHAEL 1814 LAWHON RD TALLAHASSEE, FL 32305	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () Delete CARROLL, JOSEPH 12289 ROCK BLUFF RD, NW BRISTOL, FL 32321	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition CARROLL, JOSEPH 109 JUDY LANE TALLAHASSEE, FL 32305	
Title: Name: Address: City-St-Zip:	T () Delete SMITH, WALLACE 5012 VERNON ROAD TALLAHASSEE, FL 32311	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition BLANKENSHIP, GARY 668 OLD WOODVILLE ROAD TALLAHASSEE, FL 32305	

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: ALICE H. BURDESHAW REV. 06/11/2009