2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # N98000003734

1. Entity Name
WAUSAU ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business	Mailing Address
CORNER OF 77 & PIONEER RD. WAUSAU, FL 32463	P.O. BOX 294 WAUSAU, FL 32463

04022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3034035
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETTIS, PENNY
1896 FIRETOWER RD
CHIPLEY, FL 32428

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000881994
04/16/08-80023-001 70.00

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HADDOCK, DONALD
STREET ADDRESS	2905 PIONEER ROAD
CITY-ST-ZIP	VERNON, FL 32462
TITLE	TD
NAME	OWENS, KEN
STREET ADDRESS	P O BOX 376
CITY-ST-ZIP	WAUSAU, FL 32463
TITLE	TD
NAME	WALSINGHAM, JOHN R
STREET ADDRESS	1942 JOHNERIC RD
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	TD
NAME	MILLER, JOHNNY
STREET ADDRESS	1586 LEDGER RD
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-2-08 526-3619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #