2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# N99000000630

Entity Name: NAVARRE FIRST ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

9594 NAVARRE PKWY
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

9594 NAVARRE PKWY
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 59-3547305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANKLIN, TOMMY D
8566 EL PASEO STREET
NAVARRE, FL 32566 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: DT ( ) Delete
Name: FRANKLIN, TOMMY D
Address: 8566 EL PASEO STREET
City-St-Zip: NAVARRE, FL 32566 US

Title: DS ( ) Delete
Name: WILLIAMS, CHARLES E
Address: 2290 AVENIDA DE SOL
City-St-Zip: NAVARRE, FL 32566 US

Title: D ( ) Delete
Name: BROXSON, ALVYN R
Address: 2881 OLA BROXSON ROAD
City-St-Zip: NAVARRE, FL 32566 US

Title: D ( ) Delete
Name: JONES, JERRY R
Address: 3026 RIVER ROAD
City-St-Zip: NAVARRE, FL 32566 US

Title: D ( ) Delete
Name: VOSMERA, GEORGE B
Address: 9509 SWEETGUM LANE
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT/S (X) Change ( ) Addition
Name: FRANKLIN, TOMMY D
Address: 8566 EL PASEO STREET
City-St-Zip: NAVARRE, FL 32566 US

Title: D (X) Change ( ) Addition
Name: WILLIAMS, CHARLES E
Address: 2290 AVENIDA DE SOL
City-St-Zip: NAVARRE, FL 32566 US

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: TOMMY D. FRANKLIN DT/S 03/30/2006

Electronic Signature of Signing Officer or Director — Date