

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006641

**FILED**  
**Feb 06, 2018**  
**Secretary of State**  
**CC9000476736**

**Entity Name:** MEDART ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

4647 CRAWFORDVILLE HWY.  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

P.O. BOX 190  
CRAWFORDVILLE, FL 32326

**FEI Number: 59-2877790**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHISLER, NICHOLAS F  
32 SAVANNAH FOREST CIRCLE  
CRAWFORDVILLE, FL 32327 US

*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: NICHOLAS F. CHISLER**

**02/06/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name KELLEY, CHRIS  
Address 16 IRVIN LANGSTON RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title T  
Name PEAVY, DELACY  
Address 1005 RIVER PLANTATION RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title PRESIDENT  
Name CHISLER, NICHOLAS F  
Address 32 SAVANNAH FOREST CIRCLE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title D, SECRETARY  
Name PITTS, DONNIE MERRITT JR.  
Address 22 DUNCAN DR  
City-State-Zip: CRAWFORDVILLE FL 32327

Title D  
Name HICKS, JON C  
Address 558 JACK CRUM RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title D  
Name JALBERT, MATTHEW D  
Address 67 MILLS GREEN CYN  
City-State-Zip: CRAWFORDVILLE FL 32327

Title DEACON  
Name LOYED, DAVID B  
Address 204 GARNER CIRCLE EAST  
City-State-Zip: CRAWFORDVILLE FL 32327

Title DEACON  
Name MARTINEZ, BELARMINO  
Address 4647 CRAWFORDVILLE HWY.  
City-State-Zip: CRAWFORDVILLE FL 32327

*I hereby 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 all other like empowered.*

**SIGNATURE: NICHOLAS F CHISLER**

**REGISTERED AGENT**

**02/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date