

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N01000006641

**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

04/29/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title T  
Name PEAVY, DELACY  
Address 45 MONOCOUCPE CIRCLE  
City-State-Zip: PANACEA FL 32341

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

Title SECRETARY  
Name STEWART, MICHAEL  
Address 754 REHWINKEL ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title D  
Name MERCER, JOHN E  
Address 15 PIMLICO  
City-State-Zip: CRAWFORDVILLE FL 32327

Title D  
Name KELLEY, GREG  
Address 16 IRVIN LANGSTON ROAD  
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

PRESIDENT

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date