

2014 FLORIDA NOT FOR PROFIT CORPORATION 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:

MCFALLS, JEFFERY LPASTOR
202 FOXRUN 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: _____

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 D
Name MCFALLS, JEFFERY L
Address 202 FOXRUN CIRCLE
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
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: JEFFERY L. MCFALLS

PASTOR

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date