

**2020 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:**

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**

**02/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title TRUSTEE  
Name THURMOND, HAROLD J  
Address 307 FRANK JONES RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE  
Name COMPTON, MICHAEL  
Address 224 HARVEY MILL RD  
City-State-Zip: CRAWFORDVILLE FL 32327

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*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 CHISLER**

**PRESIDENT**

**02/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DEACON  
Name MCKENZIE, JOSEPH SHANE  
Address 233 SURF RD  
City-State-Zip: SOPCHOPPY FL 32585