## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#737740** 

FILED Mar 25, 2007 Secretary of State

Entity Name: OAK CITY ASSEMBLY OF GOD, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3080 WEST TENNESSEE STREET TALLAHASSEE, FL 32304 **Current Mailing Address: New Mailing Address:** 3080 WEST TENNESSEE STREET TALLAHASSEE, FL 32304 FEI Number: 59-6547532 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOKSEY, DANIEL CAMPBELL, ROBERT M REV 5628 LUNKÉR LANE 1036 BLOXHAM CUTOFF US TALLAHASSEE, FL 32303 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: REV ROBERT MATTHEW CAMPBELL 03/25/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GARNER, JOHN Name: Name: 4450 SHERBONE ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: GILBERT, BILL Name: Address: 4716 FLOWERWOOD DR Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition COOKSEY, DANIEL Name: CAMPBELL, ROBERT M REV Name: 1036 BLOXHAM CUTOFF Address: Address: 5628 LUNKER LAND City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: TALLAHASSEE, FL 32303 ( ) Delete Title: Title: (X) Change ( ) Addition OUGESTREET, TOM Name: Name: OVERSTREET, TOM 517 MEADOW RIDGE DR 517 MEADOWRIDGE DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: Title: () Delete () Change () Addition DAVIS, MORRIS Name: Name: 187 MOODY LANE Address: Address: City-St-Zip: HAVANA, FL 32333 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition ALLBRITTON, DANIEL Name: Name: Address: Address: 1909 FANNIE DRIVE TALLAHASSEE, FL 32303 City-St-Zip: 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: REV ROBERT MATTHEW CAMPBELL P 03/25/2007