

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737740

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: OAK CITY ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

3080 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

3080 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304

**New Mailing Address:**

FEI Number: 59-6547532      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CAMPBELL, ROBERT M REV  
5628 LUNKER LANE  
TALLAHASSEE, FL 32303      US

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

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

**OFFICERS AND DIRECTORS:**

Title: S      (X) Delete  
Name: GARNER, JOHN  
Address: 4450 SHERBONE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      (X) Delete  
Name: GILBERT, BILL  
Address: 4716 FLOWERWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: P      ( ) Delete  
Name: CAMPBELL, ROBERT M REV  
Address: 5628 LUNKER LANE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      ( ) Delete  
Name: OVERSTREET, TOM  
Address: 517 MEADOWRIDGE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D      (X) Delete  
Name: ALLBRITTON, DANIEL  
Address: 1909 FANNIE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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. R. MATTHEW CAMPBELL

P

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date