FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:18

DOCUMENT # 701049 (9)

1. Corporation Name
EVANGEL TEMPLE ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
5755 RAMONA BOULEVARD JACKSONVILLE FL 32205	5755 RAMONA BOULEVARD JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1960
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1516022 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WIGGINS (CECIL)
1201 CROWN DR
JACKSONVILLE FL FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GILREATH, DICK	1.2 NAME	SNODGRASS, DAVID	
STREET ADDRESS	7739 ROLLINGS HILLS DR.	1.3 STREET ADDRESS	1474 Rose Hill Drive East	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Florida 32221	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	WIGGINS, CECIL L.	2.2 NAME		
STREET ADDRESS	1201 CROWN DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	JAX, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DEVEREAUX, DONNIE	3.2 NAME		
STREET ADDRESS	6892 CISCO GRDN RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	JAX, FL 00000	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	VAUGHAN, TOMMY	4.2 NAME	JOHNSON, BOB	
STREET ADDRESS	9814 SCOTT MILL ROAD	4.3 STREET ADDRESS	6403 Oak Drive	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BASKIN, ROGER	5.2 NAME		
STREET ADDRESS	6879 BAKERSFIELD DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, MARVIN	6.2 NAME		
STREET ADDRESS	P O BOX 998	6.3 STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Wiggins 1-20-95 781-9393
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

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