

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 FEB 20 AM 11:25

DOCUMENT # 706796 (O)

1. Corporation Name
FIRST ASSEMBLY OF GOD, INC. OF LAKE PLACID, FLORIDA

Principal Place of Business Mailing Address
327 PLUMOSA AVENUE POST OFFICE BOX 477
LAKE PLACID FL 33852-6209 LAKE PLACID FL 33852-6209
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/05/1964	3a. Date of Last Report 02/07/1994
4. FEI Number 59-2352453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
BROWN, WILLIAM R.
45 WATTERS DR.
LAKE PLACID 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 PDC	BRYANT, JOHNNY (REV) 345 PLUMOSA AVENUE LAKE PLACID FL	1.1 TITLE Deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME Tom Parsons	
STREET ADDRESS		1.3 STREET ADDRESS 119 Lemog Rd NE	
CITY- ST- ZIP		1.4 CITY- ST- ZIP Lake Placid, FL 33852	
TITLE TSD	BROWN, WILLIAM R. 45 WATTERS DR. LAKE PLACID FL	2.1 TITLE Deacon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME Jack Mitchell	
STREET ADDRESS		2.3 STREET ADDRESS 145 Rover Ave	
CITY- ST- ZIP		2.4 CITY- ST- ZIP Lake Placid, FL 33852	
TITLE D	WILSON, HOWARD 1511 MULBERRY AVE. LAKE PLACID FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE D	MITCHELL, JACK <i>off</i> 145 FOREVER AVENUE LAKE PLACID FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE D	MCDANIEL, WILLIAM 29 MIAMI DRIVE LAKE PLACID FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE Deacon	Tom Parsons <i>Nash</i> 119 Lemog Rd NE Lake Placid, FL 33852	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(3)(4), 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: *Rev. Johnny M. Bryant, Pastor* Feb. 1, 1995 1-813-4652363
SIGNATURE ANTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
cle#457 2/15/95 \$61.25