

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706796 (0)

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



Principal Place of Business 327 PLUMOSA AVENUE LAKE PLACID FL 33862 US	Mailing Address POST OFFICE BOX 477 LAKE PLACID FL 33862-0477 US
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3. Date Incorporated or Qualified 02/05/1964	3a. Date of Last Report 04/05/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. City & State	27. Zip	28. Country
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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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PARSONS, TOM
119 LEMON RD., NE
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

81 Name **Johnny Bryant**
82 Street Address (P.O. Box Number is Not Acceptable)
345 Plumosa Ave.
83
84 City **Lake Placid, FL** 85 Zip Code **33852**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0509, Florida Statutes.

SIGNATURE *Rev. Johnny M. Bryant, Pastor* DATE **April 1-1997**

12. OFFICERS AND DIRECTORS	
TITLE	PDC <input type="checkbox"/> DELETE
NAME	BRYANT, JOHNNY (REV)
STREET ADDRESS	345 PLUMOSA AVENUE
CITY-ST-ZIP	LAKE PLACID FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WELLS, LONNIE
STREET ADDRESS	1200 CR 29
CITY-ST-ZIP	LAKE PLACID FL 33852
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILSON, HOWARD
STREET ADDRESS	1511 MULBERRY AVE.
CITY-ST-ZIP	LAKE PLACID FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PARSONS, TOM
STREET ADDRESS	119 LEMON RD NE
CITY-ST-ZIP	LAKE PLACID FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCDANIEL, WILLIAM
STREET ADDRESS	29 MIAMI DRIVE
CITY-ST-ZIP	LAKE PLACID FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Timothy Williams
1.3 STREET ADDRESS	1547 Fifth St.
1.4 CITY-ST-ZIP	Lake Placid, FL 33852
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Doug Moon Jr.
2.3 STREET ADDRESS	201 McCoy Rd
2.4 CITY-ST-ZIP	Sebring, FL 33972
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Rev. Johnny M. Bryant, Pastor (941) 465-7121

CR2E037 (9/96)