

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>327 PLUMOSA AVENUE LAKE PLACID FL 33862 US</b>	Mailing Address <b>POST OFFICE BOX 477 LAKE PLACID FL 33862-0477 US</b>
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3. Date Incorporated or Qualified <b>02/05/1964</b>	3a. Date of Last Report <b>04/05/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number <b>59-2352453</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	<b>PDC</b> <input type="checkbox"/> DELETE
NAME	<b>BRYANT, JOHNNY (REV)</b>
STREET ADDRESS	<b>345 PLUMOSA AVENUE</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WELLS, LONNIE</b>
STREET ADDRESS	<b>1200 CR 29</b>
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WILSON, HOWARD</b>
STREET ADDRESS	<b>1511 MULBERRY AVE.</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PARSONS, TOM</b>
STREET ADDRESS	<b>119 LEMON RD NE</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCDANIEL, WILLIAM</b>
STREET ADDRESS	<b>29 MIAMI DRIVE</b>
CITY-ST-ZIP	<b>LAKE PLACID FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Timothy Williams</b>
1.3 STREET ADDRESS	<b>1547 Fifth St.</b>
1.4 CITY-ST-ZIP	<b>Lake Placid, FL 33852</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Doug Moon Jr.</b>
2.3 STREET ADDRESS	<b>201 McCoy Rd</b>
2.4 CITY-ST-ZIP	<b>Sebring, FL 33872</b>
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)