

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 706796 (0)**  
1. Corporation Name  
**FIRST ASSEMBLY OF GOD, INC. OF LAKE PLACID, FLORIDA**



|  |  |
|--|--|
| Principal Place of Business<br><b>327 PLUMOSA AVENUE<br/>LAKE PLACID FL 33862<br/>US</b> | Mailing Address<br><b>POST OFFICE BOX 477<br/>LAKE PLACID FL 33852-6209<br/>US</b> |
|--|--|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>02/05/1964</b> |   |   |
| 4. FEI Number<br><b>59-2352453</b>                     | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24<br>Country | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country |
|---|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                       |

9. Name and Address of Current Registered Agent  
**BRYANT, JOHNNY  
345 PLUMOSA AVE  
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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 617.0503, Florida Statutes.

SIGNATURE: *Johnny Bryant* **Johnny Bryant DDC** **JAN. 29 - 1998**  
Signature, typed or filled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>POC<br/>BRYANT, JOHNNY (REV)<br/>345 PLUMOSA AVENUE<br/>LAKE PLACID FL</b> | <input type="checkbox"/> DELETE                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WELLS, LONNIE<br/>1200 CR 29<br/>LAKE PLACID FL 33852</b>            | <input type="checkbox"/> DELETE                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WILLIAMS, TIMOTHY<br/>1547 FIFTH ST<br/>LAKE PLACID FL</b>           | <input type="checkbox"/> DELETE                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MOON, DOUG J<br/>201 MCCOY RD<br/>SEBRING FL</b>                     | <input type="checkbox"/> DELETE                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MCDANIEL, WILLIAM<br/>29 MIAMI DRIVE<br/>LAKE PLACID FL</b>          | <input checked="" type="checkbox"/> DELETE            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> DELETE                       |  |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>D Tom parsons</b>   |
| 1.3 STREET ADDRESS | <b>119 Lemon Rd NE.</b>  |
| 1.4 CITY-ST-ZIP    | <b>LAKE PLACID, FL 33852</b>   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 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 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.

SIGNATURE: *Johnny Bryant* **Johnny Bryant** **JAN. 29 - 1998** **(941) 465-2363**

CR2E037 (10/97)