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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706796

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 33852-6209 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/05/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2352453
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33852	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Treasurer: Gene Snyder 82 Street Address (P.O. Box Number is Not Acceptable) 1530 Sycamore Avenue 83 Lake Placid, FL 33852 84 City FL 85 Zip Code
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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 _____ 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, JOHNNY (REV)	1.2 NAME	
STREET ADDRESS	345 PLUMOSA AVENUE	1.3 STREET ADDRESS	33852
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, LONNIE	2.2 NAME	
STREET ADDRESS	1200 CR 29	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TIMOTHY	3.2 NAME	
STREET ADDRESS	1547 FIFTH ST	3.3 STREET ADDRESS	33852
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOON, DOUG J	4.2 NAME	
STREET ADDRESS	201 MCCOY RD	4.3 STREET ADDRESS	33872
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM PARSONS	5.2 NAME	
STREET ADDRESS	119 LEMON RD. NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	T Snyder, Gene
STREET ADDRESS		6.3 STREET ADDRESS	1530 Sycamore Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lake Placid, FL 33852

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, with all other like empowered.

SIGNATURE: *Johnnie Bryant* REINSTATED
 Date: Feb 17-1999 1941-465
 Daytime Phone #: 2303

CR2E037 (11/98)