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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:50

DOCUMENT # 708110 (2)

1. Corporation Name

FIRST ASSEMBLY OF GOD, INC. OF FROSTPROOF, FLORIDA

Principal Place of Business	Mailing Address
333 E. B. ST. P.O. BOX 247 FROSTPROOF FL 33843	333 E. B. ST. P.O. BOX 247 FROSTPROOF FL 33843

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1964
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2369998 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

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

9. Name and Address of Current Registered Agent

WOOD, ANDY J.
335 E. B. ST.
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

81 Name: GALATI, KELLY P.
82 Street Address (P.O. Box Number is Not Acceptable): 335 EAST 'B' STREET
83:
84 City: FROSTPROOF **FL** 85 Zip Code: 33843

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: KELLY P. GALATI, SR. PASTOR — 2-9-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required if reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD		1.1 TITLE	PD	[XX] Change ☐ Addition
NAME	WOOD, ANDY J.		1.2 NAME	GALATI, KELLY P.	
STREET ADDRESS	335 E. B. ST.	DELETE	1.3 STREET ADDRESS	335 EAST 'B' STREET	
CITY-ST-ZIP	FROSTPROOF FL		1.4 CITY-ST-ZIP	FROSTPROOF, FL. 33843	
TITLE	VD		2.1 TITLE	VD	[XX] Change ☐ Addition
NAME	CARTER, JOHN P., III		2.2 NAME	KU, PHILIP	
STREET ADDRESS	125 WEST C. ST.	DELETE	2.3 STREET ADDRESS	816 NORTH AVENUE	
CITY-ST-ZIP	FROSTPROOF FL		2.4 CITY-ST-ZIP	FROSTPROOF, FL. 33843	
TITLE	D		3.1 TITLE	D	[XX] Change ☐ Addition
NAME	DILL, VERNON		3.2 NAME	PARRISH, CLIFTON D.	
STREET ADDRESS	307 SWINGLE ST.	DELETE	3.3 STREET ADDRESS	247 JEFFERSON STREET	
CITY-ST-ZIP	FROSTPROOF FL		3.4 CITY-ST-ZIP	LAKE WALES, FLORIDA 33853	
TITLE	D		4.1 TITLE	DT	[XX] Change ☐ Addition
NAME	MARCH, RAYMOND L.		4.2 NAME	MARCH, RAYMOND L.	
STREET ADDRESS	175 OVEROCKER CIR.		4.3 STREET ADDRESS	175 OVEROCKER CIRCLE	
CITY-ST-ZIP	FROSTPROOF FL		4.4 CITY-ST-ZIP	FROSTPROOF, FL. 33843	
TITLE	DS		5.1 TITLE	DS	[X] Change ☐ Addition
NAME	GRIFFIN, TOMMY M.		5.2 NAME	MAULDIN, GWENDOLYN J.	
STREET ADDRESS	420 W. 5TH ST.	DELETE	5.3 STREET ADDRESS	11 SANDY LANE	
CITY-ST-ZIP	FROSTPROOF FL		5.4 CITY-ST-ZIP	FROSTPROOF, FL. 33843	
TITLE	D		6.1 TITLE		☐ Change ☐ Addition
NAME	JOYNER, JOHN R.		6.2 NAME		
STREET ADDRESS	18 W. E. ST.	DELETE	6.3 STREET ADDRESS	DELETE THIS PERSON FROM CORP. RECORD	
CITY-ST-ZIP	FROST PROOF FL		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 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: KELLY P. GALATI, SR. PASTOR 2-9-95 813-635-2702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR7615