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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708110 (2)

1. Corporation Name
FIRST ASSEMBLY OF GOD, INC. OF FROSTPROOF, FLORIDA



Principal Place of Business Mailing Address
333 E. B. ST. 333 E. B. ST.
P.O. BOX 247 P.O. BOX 247
FROSTPROOF FL 33843 FROSTPROOF FL 33843-0247

3. Date incorporated or Qualified 11/13/1964
3a. Date of Last Report 04/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2369998	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GALATI, KELLY P. 335 E. B. ST. FROSTPROOF FL 33843		B1 Name	B5 Zip Code
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL

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 *4-6-97*
Signature, typed or printed 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	PO GALATI, KELLY P.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	335 E. B. ST.	1.2 NAME	
STREET ADDRESS	FROSTPROOF FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD PHILIP, KU	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	816 N AVE	2.2 NAME	
STREET ADDRESS	FROSTPROOF FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MORGAN, VERNON	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	551 C.R. 630A	3.2 NAME	<i>Jeffrey L. Ripe</i>
STREET ADDRESS	FROSTPROOF FL	3.3 STREET ADDRESS	<i>201 Wilson Rd</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>Frostproof, FL. 33843</i>
TITLE	DT MARCH, RAYMOND L.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	175 OVERCKER CIR.	4.2 NAME	
STREET ADDRESS	FROSTPROOF FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DS MAULDIN, GWENDOLYN J.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 SANDY LANE	5.2 NAME	
STREET ADDRESS	FROSTPROOF FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Jeffrey L. Ripe* *4-6-97* (and) 125-2703

CR2E037 (9/96)