

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710642 (0)

1. Corporation Name

BARTOW FIRST ASSEMBLY OF GOD, INC. OF BARTOW, FLO
RIDA

Principal Place of Business

Mailing Address

915 SOUTH BROADWAY
BARTOW FL 33830

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BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1966

3a. Date of Last Report

03/07/1994

4. FBI Number

59-1851501

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

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

HESTER, LARRY W.
2110 VILLAGE RD.
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 P
NAME HESTER, LARRY W
STREET ADDRESS 2110 VILLAGE RD
CITY-ST-ZIP BARTOW, FL 0

1.1 TITLE D Change Addition
1.2 NAME James W. Dunsford
1.3 STREET ADDRESS 1125 Pinecrest Dr.
1.4 CITY-ST-ZIP Bartow, FL 33830

TITLE D
NAME WILSON, MARTY
STREET ADDRESS 1601 OLD BARTOW EAGLE LAKE RD
CITY-ST-ZIP BARTOW FL

2.1 TITLE D Change Addition
2.2 NAME Don Prescott
2.3 STREET ADDRESS 1930 Kissengen Avenue
2.4 CITY-ST-ZIP Bartow, FL 33830

TITLE D
NAME METHENY, KEVIN
STREET ADDRESS 455 W PLUMOSA
CITY-ST-ZIP BARTOW FL

3.1 TITLE D Change Addition
3.2 NAME Terry Jones
3.3 STREET ADDRESS 1495 E. Davidson
3.4 CITY-ST-ZIP Bartow, FL 33830

TITLE S
NAME KELLY, BETTYE
STREET ADDRESS 1465 S.KISSENGEN AVE.
CITY-ST-ZIP BARTOW, FL 0

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WOODS, DON
STREET ADDRESS 5303 SANDRA WAY
CITY-ST-ZIP LAKELAND FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME BERNARD, JOHN
STREET ADDRESS 1585 SAILPOINT DR
CITY-ST-ZIP BARTOW FL

6.1 TITLE Change 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 to voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-95

813-533-7488