

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 710642 (0)

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



Principal Place of Business: 915 SOUTH BROADWAY BARTOW FL 33830
Mailing Address: 915 SOUTH BROADWAY BARTOW FL 33830

3. Date Incorporated or Qualified: 04/01/1966
3a. Date of Last Report: 03/01/1995

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

4. FEI 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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, 85 Zip Code: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	HESTER, LARRY W
STREET ADDRESS	2110 VILLAGE RD
CITY-ST-ZIP	BARTOW, FL 0
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILSON, MARTY
STREET ADDRESS	1601 OLD BARTOW EAGLE LAKE RD
CITY-ST-ZIP	BARTOW FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	METHENY, KEVIN
STREET ADDRESS	455 W PLUMOSA
CITY-ST-ZIP	BARTOW FL
TITLE	S <input type="checkbox"/> DELETE
NAME	KELLY, BETTYE
STREET ADDRESS	1465 S.KISSENGEN AVE.
CITY-ST-ZIP	BARTOW, FL 0
TITLE	D <input type="checkbox"/> DELETE
NAME	WOODS, DON
STREET ADDRESS	5303 SANDRA WAY
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BERNARD, JOHN
STREET ADDRESS	1585 SAILPOINT DR
CITY-ST-ZIP	BARTOW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Dunsford
1.3 STREET ADDRESS	1125 Pinecrest Drive
1.4 CITY-ST-ZIP	Bartow, FL 33830
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald Prescott
2.3 STREET ADDRESS	1930 Kissengen Avenue
2.4 CITY-ST-ZIP	Bartow, FL 33830
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Terry Jones
3.3 STREET ADDRESS	1495 E. Davidson
3.4 CITY-ST-ZIP	Bartow, FL 33830
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rafael Balderas
4.3 STREET ADDRESS	880 East Lyle Street
4.4 CITY-ST-ZIP	Bartow, FL 33830
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Neil Bontrager
5.3 STREET ADDRESS	1405 S. Gordon Avenue
5.4 CITY-ST-ZIP	Bartow, FL 33830
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 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)(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: Larry W. Hester Larry W. Hester April 10, 1996 941-533-7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

CR2E037 (12/95)