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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
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DOCUMENT # 710642 (0)

1. Corporation Name
BARTOW FIRST ASSEMBLY OF GOD, INC. OF BARTOW, FLO RIDA



Principal Place of Business 815 SOUTH BROADWAY BARTOW FL 33830	Mailing Address 915 SOUTH BROADWAY BARTOW FL 33830-5606
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3. Date Incorporated or Qualified 04/01/1966	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number 59-1851501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Michael D. Tedder
82 Street Address (P.O. Box Number is Not Acceptable) 1080 Irving Avenue
83
84 City Bartow
85 Zip Code FL 33830

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 617.0603, Florida Statutes.

SIGNATURE *Michael D. Tedder* **3-20-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" 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	DONALD PRESCOTT
STREET ADDRESS	1930 KISSENGEN AVENUE
CITY-ST-ZIP	BARTOW FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TERRY JONES
STREET ADDRESS	1495 E DAVIDSON
CITY-ST-ZIP	BARTOW FL
TITLE	S <input checked="" 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 W. 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	Shirley Blackwelder
2.3 STREET ADDRESS	1235 Sunset 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	Milton W. Bryan
3.3 STREET ADDRESS	1100 Newcomb Road
3.4 CITY-ST-ZIP	Alturas, FL 33820
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kevin Metheny
4.3 STREET ADDRESS	455 W. Plumosa St.
4.4 CITY-ST-ZIP	Bartow, FL 33830
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rafael Balderas
5.3 STREET ADDRESS	880 East Lyle Street
5.4 CITY-ST-ZIP	Bartow, FL 33830
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Neil Bontrager
6.3 STREET ADDRESS	1405 S. Gordon Avenue
6.4 CITY-ST-ZIP	Bartow, FL 33830

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 *Michael D. Tedder* **3-20-97** **538-7488**

CR2E037 (9/96)