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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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, FLO RIDA



Principal Place of Business

Mailing Address

915 SOUTH BROADWAY BARTOW FL 33830

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3. Date Incorporated or Qualified

04/01/1966

4. FEI Number

59-1851501

Applied For
 Not Applicable

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

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TEDDER, MICHAEL D
 1080 IRVING AVE.
 BARTOW FL 33830**

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 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

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 **D** DELETE
 NAME **DUNSFORD, JAMES W**
 STREET ADDRESS **1125 PINECREST DRIVE**
 CITY-ST-ZIP **BARTOW, FL 0**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **BLACKWELDER, SHIRLEY**
 STREET ADDRESS **1235 SUNSET AVE.**
 CITY-ST-ZIP **BARTOW FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **MILTON, W. B**
 STREET ADDRESS **1100 NEWCOMB RD.**
 CITY-ST-ZIP **ALTURAS FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **S** DELETE
 NAME **METHENY, KEVIN**
 STREET ADDRESS **455 W. PLUMOSA ST.**
 CITY-ST-ZIP **BARTOW FL**

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

TITLE **D** DELETE
 NAME **BALDERS, RAFAEL**
 STREET ADDRESS **880 EAST LYLE STREET**
 CITY-ST-ZIP **BARTOW FL**

5.1 TITLE Change Addition
 5.2 NAME **Boyd, Thomas**
 5.3 STREET ADDRESS **650 Travis Court**
 5.4 CITY-ST-ZIP **Bartow, Fl 33830**

TITLE **D** DELETE
 NAME **BONTRAGER, NEIL**
 STREET ADDRESS **1405 S. GORDON AVE.**
 CITY-ST-ZIP **BARTOW FL**

6.1 TITLE Change Addition
 6.2 NAME **Norris, Royce**
 6.3 STREET ADDRESS **460 Plumosa Ave**
 6.4 CITY-ST-ZIP **Bartow, Fl 33830**

14. I 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CFR2037 (10/97)