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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710642

1. Corporation Name

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

Principal Place of Business

915 SOUTH BROADWAY
BARTOW FL 33830

Mailing Address

915 SOUTH BROADWAY
BARTOW FL 33830



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/01/1966

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1851501

Applied For

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

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 D Change Addition
1.2 NAME Smith, Christopher
1.3 STREET ADDRESS 1065 Bear Creek Dr
1.4 CITY-ST-ZIP Bartow, Fl 33830

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 BOYD, THOMAS
STREET ADDRESS 650 TRAVIS CT
CITY-ST-ZIP BARTOW FL 33830

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

TITLE D DELETE
NAME NORRIS, ROYCE
STREET ADDRESS 460 PLUMOSA AVE
CITY-ST-ZIP BARTOW FL 33830

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

941-533-7488

Date

Daytime Phone #

CR2E037 (1/198)