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 # **730987** **(5)**

1. Corporation Name

FIRST ASSEMBLY OF GOD OF WAUCHULA, INC.

Principal Place of Business	Mailing Address
1600 S.FLORIDA AVE. P.O. DRAWER 1658 WAUCHULA FLORIDA 33873	1600 S.FLORIDA AVE. P.O. DRAWER 1658 WAUCHULA FLORIDA 33873

3. Date Incorporated or Qualified: **10/29/1974**

3a. Date of Last Report: **07/31/1995**

2. Principal Place of Business	2a. Mailing Address
21 1600 S. Florida Ave.	26 P.O. Box 1658
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Wauchula, FL	City & State 28 Wauchula FL
Zip 24 33873 Country 25 Hardee	Zip 29 33873 Country 30 Hardee

4. FEI Number: **59-2235788** ☐ 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

EVERETT, DALE W.
1300 W. MAIN ST.
WAUCHULA FL 33873

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 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 Dale W. Everett - Dale W. Everett DATE 5/1/96

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KEATING, WILLIAM		1.2 NAME		
STREET ADDRESS	FISH BRANCH RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ZOLPHO SPRINGS, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DILLON, MATTHEW		2.2 NAME		
STREET ADDRESS	411 ILLINOIS AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRANE, JEFF		3.2 NAME		
STREET ADDRESS	RT. 1 BOX 100		3.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EVERETT, DALE W.		4.2 NAME		
STREET ADDRESS	1350 W MAIN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HEGWOOD, JOE		5.2 NAME		
STREET ADDRESS	301 RIVERSIDE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	800001853028 -06/06/96--01022--018 ***61.25	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Dale W. Everett 5/1/96 941-773-9386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #