FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90075 045 ****61.25

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DOCUMENT # 730987

1. Corporation Name

FIRST ASSEMBLY OF GOD OF WAUCHULA, INC.

Principal Place of Business	Mailing Address
1600 S.FLORIDA AVE. WAUCHULA FLORIDA 33873	PO BOX 1658 WAUCHULA FL 33873

2. Principal Place of Business 21 1397 S. Fla Ave	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/29/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2235788 ☐ Applied For ☐ Not Applicable
City & State 23 Wauchula FL	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33873 Country 25 HARDee	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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	WILLIAMS,-EARL		2.2 NAME		
STREET ADDRESS	ALTMAN RD., P.O. BOX 54		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	Mike Wilkinson	
STREET ADDRESS	RT. 1 BOX 100		3.3 STREET ADDRESS	P.O. Box 40	
CITY-ST-ZIP	WAUCHULA FL 33873		3.4. CITY-ST-ZIP	Zolfo Springs FL 33890	
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	KEEL, PAUL S		5.2 NAME		
STREET ADDRESS	1268 DENA CIR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Dale W. Everett SIGNATURE REQUIRED 4/26/99 941-533-9563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)