

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 # 736748 (5)

1. Corporation Name
FIRST ASSEMBLY OF GOD OF MILTON, MILTON, FLORIDA, INCORPORATED



Principal Place of Business: 6163 WINTING FIELD BLVD. DOGWOOD RD, P.O. BOX 383, MILTON FL 32570, US
Mailing Address: 6163 WINTING FIELD BLVD. DOGWOOD RD, P.O. BOX 383, MILTON FL 32570, US

2. Principal Place of Business: 21 6163 DOGWOOD RD, 22 Suite, Apt. #, etc., 23 MILTON, FL, 24 Zip 32570, 25 Country SANTA ROSA
2a. Mailing Address: 26 6163 DOGWOOD RD, 27 Suite, Apt. #, etc., 28 MILTON, FL, 29 Zip 32570, 30 Country SANTA ROSA

3. Date Incorporated or Qualified: 09/02/1976
3a. Date of Last Report: 02/07/1995
4. FEI Number: 59-2684496
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: CARPENTER, MYRTICE, E, 908 N ALABAMA ST, MILTON FL 32570
10. Name and Address of New Registered Agent: 81 Name MYRTICE E CARPENTER, 82 Street Address (P.O. Box Number is Not Acceptable) 908 N ALABAMA ST, 83, 84 City MILTON, FL, 85 Zip Code 32570

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: ROGERS, FRED E.	1.1 TITLE:	300001780418
STREET ADDRESS: 105 FIRST AVE.	CITY-ST-ZIP: MILTON FL	1.2 NAME:	-04/15/96--01062--018
		1.3 STREET ADDRESS:	***61.25
		1.4 CITY-ST-ZIP:	
TITLE: ST	NAME: CARPENTER, MYRTICE E	2.1 TITLE:	
STREET ADDRESS: 908 ALABAMA ST	CITY-ST-ZIP: MILTON FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: D	NAME: HUNTER, ROBERTS	3.1 TITLE:	DEACON
STREET ADDRESS: 7292 MILFORD RD.	CITY-ST-ZIP: MILTON FL	3.2 NAME:	ROBERTS, HUNTER
		3.3 STREET ADDRESS:	7292 MILFORD RD
		3.4 CITY-ST-ZIP:	MILTON, FL 32510
TITLE: D	NAME: MITCHELL, JAMES A.	4.1 TITLE:	
STREET ADDRESS: 137 SPRINGDALE DR.	CITY-ST-ZIP: MILTON FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: D	NAME: HUGGINS, EMMITT	5.1 TITLE:	DEACON
STREET ADDRESS: 12 MARCUS CIRCLE	CITY-ST-ZIP: PACE FL	5.2 NAME:	JERRY LEE
		5.3 STREET ADDRESS:	6089 MANDIE LN
		5.4 CITY-ST-ZIP:	MILTON, FL 32570
TITLE: D	NAME: SEGRAVES, JOEL	6.1 TITLE:	DEACON
STREET ADDRESS: 5012 TWIN OAKS DR.	CITY-ST-ZIP: PACE FL	6.2 NAME:	Jerry Lee
		6.3 STREET ADDRESS:	6089 Mandie Ln.
		6.4 CITY-ST-ZIP:	Milton, Fl. 32570

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: Myrtice E Carpenter, Myl Carpenter, 4-10-96, 904-623-2854

CR2E037 (12/95)