

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 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 # 736748 (5)
 1. Corporation Name
FIRST ASSEMBLY OF GOD OF MILTON, MILTON, FLORIDA, INCORPORATED



Principal Place of Business 6163 DOGWOOD RD. P.O. BOX 363 MILTON FL 32570 US	Mailing Address 6163 DOGWOOD RD MILTON FL 32570 US
--	--

3. Date Incorporated or Qualified 09/02/1976	
4. FEI Number 59-2684496	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 Debra L. Carpenter	
82. Street Address (P.O. Box Number is Not Acceptable) 507 Alabama Street	
83. City Milton	
84. State 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 Debra L. Carpenter DATE **4-7-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROGERS, FRED E.	
STREET ADDRESS	5756 MILL POND LN	
CITY - ST - ZIP	MILTON FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, MYRTICE E	
STREET ADDRESS	908 ALABAMA ST	
CITY - ST - ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACK, DANIEL	
STREET ADDRESS	4261 PACE LN	
CITY - ST - ZIP	PACE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, JAMES A.	
STREET ADDRESS	5255 SPRINGDALE DR	
CITY - ST - ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGGINS, EMMITT	
STREET ADDRESS	12 MARCUS CIRCLE	
CITY - ST - ZIP	PACE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, JERRY	
STREET ADDRESS	6089 MANDIE LN.	
CITY - ST - ZIP	MILTON FL 32570	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ST Carpenter Debra L
2.3 STREET ADDRESS	507 Alabama St
2.4 CITY - ST - ZIP	Milton, FL 32570
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Holley, David
6.3 STREET ADDRESS	6245 Old Bagdad Hwy
6.4 CITY - ST - ZIP	Milton, FL 32583

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: Debra L. Carpenter DATE: **4-7-98** 850-623-2854

CR2E037 (10/97)