

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 09 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 # 750355 (0)
1. Corporation Name
FIRST ASSEMBLY OF GOD OF GAINESVILLE, FLORIDA, I NC.

Principal Place of Business 2925 N W 39TH AVENUE GAINESVILLE FL 32605	Mailing Address 2925 N W 39TH AVENUE GAINESVILLE FL 32605
---	---

3. Date Incorporated or Qualified
12/26/1979

4. FEI Number 59-2112089	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------	--

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**LASTINGER, A.L.
2925 NW 39TH AVE
GAINESVILLE FL 32605**

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 _____ (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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULL, GARY	1.2 NAME	
STREET ADDRESS	7925 SW 5TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROCE, ROGER	2.2 NAME	
STREET ADDRESS	9510 SW 19TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTINGER, A L	3.2 NAME	A.L. Lastinger
STREET ADDRESS	7720 NW 40TH PLACE	3.3 STREET ADDRESS	1443 NW 98 Terrace
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville FL 32606
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, GREG	4.2 NAME	
STREET ADDRESS	6502 NW 27TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, J.N.	5.2 NAME	D.S. Dave Hill
STREET ADDRESS	14629 NW 122 TERRACE	5.3 STREET ADDRESS	6508 NW 27 Place
CITY-ST-ZIP	ALACHUA FL	5.4 CITY-ST-ZIP	Gainesville FL 32606
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELL, SCOTT	6.2 NAME	D. Bruce Allen
STREET ADDRESS	RR 2 BOX 2013	6.3 STREET ADDRESS	2116 SW 76 Terrace
CITY-ST-ZIP	MELROSE FL	6.4 CITY-ST-ZIP	Gainesville FL 32607

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 in an attachment with an address.

SIGNATURE: *A.L. Lastinger* - **A.L. LASTINGER** **Apr 17, 1998 376-6992**

CP2E037 (10/97)