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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 750355

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/26/1979	
21		26		4. FEI Number 59-2112089	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LASTINGER, A.L. 2925 NW 39TH AVE GAINESVILLE FL 32605				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTINGER, A L	3.2 NAME	
STREET ADDRESS	1443 NW 98TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Deacon/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, GREG	4.2 NAME	E. Bruce Allen
STREET ADDRESS	6502 NW 27TH ST	4.3 STREET ADDRESS	2116 SW 76 Terrace
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Gainesville FL 32607
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Deacon/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, DAVE	5.2 NAME	J. N. Taylor
STREET ADDRESS	6528 NW 27TH PL	5.3 STREET ADDRESS	14629 NW 122 Terrace
CITY-ST-ZIP	GAINESVILLE FL 32606	5.4 CITY-ST-ZIP	Alachua FL 32615
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELL, SCOTT	6.2 NAME	Scott Kell
STREET ADDRESS	RR 2 BOX 2013	6.3 STREET ADDRESS	4311 NW 14 Place
CITY-ST-ZIP	MELROSE FL	6.4 CITY-ST-ZIP	Gainesville FL 32605

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: A. Lastinger (A.L. LASTINGER) 2-2-99 352-376-692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)