FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

(1)

FILED Feb 04 1998 8:00am Secretary of State

1. Comporation	MI TIGHTIE	` '				
FIRST ASSEMBLY OF GOD OF EUSTIS, INC.						
Principal Place of Business Mailing Address				_		
2024 S GROVE	2024 S GROVE ST.			3. Date Incorporated or Qualified		
P. O. BOX 107	'B	P. O. BOX 1078		'	03/03/1983	
EUSTIS FL 32727-8078 EUSTIS FL 32727-807				T	4. FEI Number	Applied For
				İ	59-2173807	Not Applicable
2. Principal Place of Business 2a.		2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional
21		26			5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
City & State		27 City & State			Trust Fund Contribution	714-15-15-15-1
23		28			7. Is this nonprofit corporation a homeowners association? Yes No	
Zip	Country	Zip	Country	1	This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes Y No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
POONE DACTOD LADDY M						
BOONE, PASTOR LARRY M. 2024 SOUTH GROVE ST.			82 Stree	t Address	(P.O. Box Number is Not Acceptable)	
EUSTIS FL 32726			83			
	, 		84 City			85 Zip Code
	_		,			FL -
11. Pursuant office or r agent, I a	to the provisions of Sections 617.050; registered agent, or both, in the State im familiar with, and accept the obliga	2 and 617.1508, Florida Statute of Florida. Such change was a atjons of, Section 617.0503, Fk	es, the above-name authorized by the co orida Statutes.	d corporat orporation's	tion submits this statement for the purpos s board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered ager CFFICERS AND		E: Registered Agent signatu	ure required wh	hen reinstating) DA ADDITIONS/CHANGES TO OFFICERS	* · · · · · · · · · · · · · · · · · · ·
TITLE	PD CITICENS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICEING	Change Addition
NAME	BOONE, LARRY M.		1.2 NAME			
STREET ADDRESS	1902 SOUTH GROVE ST.		1.3 STREET ADDRESS	; [
CITY-ST-ZIP	EUSTIS FL		1.4 CITY - ST- ZIP	1		
TITLE	VD	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	HINES, FREDERICK		2.2 NAME			
STREET ADDRESS	1710 HEATHER ST		2.3 STREET ADDRESS	; [ļ
CITY-ST-ZIP	MT. DORA FL		2. 4 City-St-ZiP	1		
TITLE	D D D D D D D D D D D D D D D D D D D	DELETE	3.1 TITLE			☐ Change ☐ Addition ☐
NAME	KEENAN, BARNEY		3.2 NAME	. [
STREET ADDRESS	503 SOUTH AVENUE		3.3 STREET ADDRESS	;		
CITY-ST-ZIP	EUSTIS FL.	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change Addition
TITLE	D Jensen, skott					C Ottesião C Vidulitàri
NAME	1290 HOLLY DR		4. 2 NAME 4.3 STREET ADDRESS	, [
STREET ADDRESS	MT DORA FL			'		
CITY-ST-ZIP	ST ST	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	1		Change Addition
NAME	COOK, TRUMAN	1-4.5-514	5.2 NAME	l		
STREET ADDRESS	11247 LOCKWOOD ST		5.3 STREET ADDRESS	. [
, ,	LEESBURG FL		5.4 CITY-ST-ZIP	`		İ
CITY-ST-ZIP TITLE	D D	DELETE	6,1 TITLE	B		☑ Change ☐ Addition
	ner			113		Δ -

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DURDEN, HOWARD

635 OLEANDER ST.

NAME

STREET ADDRESS

Vanderburg,