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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770105** **(5)**

1. Corporation Name

SOUTHEAST CHRISTIAN ASSEMBLIES OF GOD, INC.

Principal Place of Business	Mailing Address
1400 E GEORGIA ST BARTOW FL 33830	1400 E GEORGIA ST BARTOW FL 33830-6540

3. Date Incorporated or Qualified: 09/02/1983
3a. Date of Last Report: 06/07/1996

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

4. FEI Number: 59-2339126 ☐ Applied For ☐ Not Applicable

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

PRESLEY, THOMAS L.
1710 VALENCIA BLVD.
BARTOW FL 33830

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	HAGGARD, VIRGIL		1.2 NAME	Thomas McCrimmon	
STREET ADDRESS	3641 KEYSVILLE ROAD		1.3 STREET ADDRESS	1418 Carlton Pkwy	
CITY-ST-ZIP	LITHIA FL		1.4 CITY-ST-ZIP	Bartow Fl. 33830	
TITLE	VD	☐ DELETE	2.1 TITLE	P	☐ Change ☑ Addition
NAME	MOONEYHAM, JAMES		2.2 NAME	Thomas L. Presley	
STREET ADDRESS	1345 PINELEVEL		2.3 STREET ADDRESS	1210 Valencia Blvd	
CITY-ST-ZIP	BARTOW FL 33830		2.4 CITY-ST-ZIP	Bartow Fl. 33830	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GEIGER, LAWARNCE		3.2 NAME		
STREET ADDRESS	769 PETERS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAGGARD, DONNIE		4.2 NAME		
STREET ADDRESS	3641 KEYSVILLE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CONWAY, BUCK		5.2 NAME		
STREET ADDRESS	1419 CARLTON PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAGGARD, VIRGIL		6.2 NAME		
STREET ADDRESS	3641 KEYSVILLE RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL 33547		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Thomas L. Presley March 19, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0053470