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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N08777					
1. Corporation Name FIRST ASSEMBLY OF GOD CHURCH OF FORT PIERCE, INC					
Principal Place of Business 1806 S 33RD ST FORT PIERCE FL 34952			Mailing Address 1806 S 33RD ST FORT PIERCE FL 34952		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/18/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0822932	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RABURN, ROBERT L 712 S 9TH STREET FT. PIERCE FL 34950				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 Robert L. Raburn DATE 4/15/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	RABURN, ROBERT L	1.2 NAME	ELOISE SIMPSON
STREET ADDRESS	712 SOUTH 9TH ST.	1.3 STREET ADDRESS	3113 SUNRISE BLVD.
CITY-ST-ZIP	FT. PIERCE FL 34950	1.4 CITY-ST-ZIP	FT. PIERCE, FL. 34982
TITLE	PD D	2.1 TITLE	
NAME	MUSTAINE, VELMA	2.2 NAME	
STREET ADDRESS	5045 GARDNER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34981	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	EGCH, GARY	3.2 NAME	
STREET ADDRESS	1205 APPLE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34950	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BODIFORD, MARIE	4.2 NAME	
STREET ADDRESS	7605 BANYAN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34951	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Robert L. Raburn DATE 4/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)