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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N22993 (2)**
1. Corporation Name
MIDWAY FIRST ASSEMBLY OF GOD, INC.

Principal Place of Business Mailing Address
C/O DAVID L. LANG **C/O DAVID L. LANG**
5649 E. BAY BLVD **5549 E. BAY BLVD**
GULF BREEZE FL 32561 **GULF BREEZE FL 32561**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/13/1987** 3a. Date of Last Report **09/08/1994**
4. FEI Number **59-2385380** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **2a** **5649 E. BAY BLVD.**
22 City & State **27** Suite, Apt. #, etc.
23 **Gulf Breeze, FL.**
24 Zip **25** Country **29** **32561** **30** Country **US**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LANG, DAVID L.
5649 E. BAY BLVD.
GULF BREEZE FL 32561

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

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *David L. Lang* DATE **3/18/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LANG, DAVID L.
STREET ADDRESS	5649 E. BAY BLVD.
CITY-ST-ZIP	GULF BREEZE FL
TITLE	D
NAME	JORDAN, DORMAN W.
STREET ADDRESS	4701 GULF BREEZE PARKWAY
CITY-ST-ZIP	GULF BREEZE FL
TITLE	D
NAME	EDDINS, VALFORD R.
STREET ADDRESS	1808 ABERCROMBIE RD.
CITY-ST-ZIP	GULF BREEZE FL
TITLE	D
NAME	KELLY, GARY
STREET ADDRESS	5648 E. BAY BLVD.
CITY-ST-ZIP	GULF BREEZE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JORDAN, DORMAN W.
2.3 STREET ADDRESS	4701 Gulf Breeze Parkway
2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
3.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDDINS, VALFORD R.
3.3 STREET ADDRESS	1808 Abercrombie Rd.
3.4 CITY-ST-ZIP	Gulf Breeze FL 32561
4.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KELLY, GARY
4.3 STREET ADDRESS	5648 E. Bay Blvd.
4.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T/S
5.3 STREET ADDRESS	Betty Jean Roberts
5.4 CITY-ST-ZIP	5649 E. Bay Blvd.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Gulf Breeze FL 32561
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David L. Lang* **DAVID L. LANG** DATE **3/18/95** **(904) 932-3815**
Signature and typed or printed name of signing officer or director Date (Daytime Phone #)