

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: **C/O DAVID L. LANG, 5649 E. BAY BLVD, GULF BREEZE FL 32561, US**  
Mailing Address: **5649 E. BAY BLVD, 5549 E. BAY BLVD, GULF BREEZE FL 32561, US**

3. Date Incorporated or Qualified: **10/13/1987**  
3a. Date of Last Report: **04/21/1995**

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

4. FEI Number: **59-2385380**  
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  
**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  
85. Zip Code: **FL**

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANG, DAVID L.</b>	1.2 NAME	
STREET ADDRESS	<b>5649 E. BAY BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TR</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORDAN, DORMAN W</b>	2.2 NAME	
STREET ADDRESS	<b>4701 GULF BREEZE PARKWAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TR</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDDINS, VALFORD R.</b>	3.2 NAME	
STREET ADDRESS	<b>1808 ABERCROMBIE RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TR</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, GARY</b>	4.2 NAME	
STREET ADDRESS	<b>5648 E. BAY BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, BERRY J</b>	5.2 NAME	
STREET ADDRESS	<b>5649 E. BAY BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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**TS Bright, Betty J., 5649 E. Bay Blvd., Gulf Breeze, FL 32561**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2-26-96** DAYTIME PHONE #: **932-3815**

CFR2E037 (12/95)