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

FILED **NONPROFIT** Apr 29 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # MIDWAY FIRST ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address C/O DAVID L. LANG 5649 E. BAY BLVD. 3. Date Incorporated or Qualified 5649 E. BAY BLVD 5649 E. BAY BLVD 10/13/1987 **GULF BREEZE FL 32561 GULF BREEZE FL 32561** 4. FEI Number Applied For 59-2385380 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LANG, DAVID L Street Address (P.O. Box Number is Not Acceptable) 5649 E. BAY BLVD. 8.3 **GULF BREEZE FL 32561** Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change **Addition** LANG, DAVID L 1.2 NAME NAME 5649 E. BAY BLVD. STREET ADDRESS 1.3 STREET ADDRESS **GULF BREEZE FL** CITY-ST-ZWP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE EDDINS, VALFORD R MALAF 22 NAME 1806 ABERCROMBIE RD. STREET ADORESS 2.3 STREET ADDRESS **GULF BREEZE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change X Addition TITLE 3.1 TITLE BRIGHT, BETTY J NAME 3.2 NAME 5649 E. BAY BLVD. 3.3 STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP 3.4. CITY-ST-ZIE DELETE 4.1 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change ■ Addition 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

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.

SIGNATURE:

4-22-98

9.22-3815