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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

C/O REV. TERRY D. CARTER

17920 MERIDIAN BLVD

N37217

(9)

Mailing Address

C/O REV. TERRY D. CARTER

17920 MERIDIAN BLVD

PRAISE ASSEMBLY OF GOD, INC. OF HUDSON, FLA

HUDSON FL 34			н	JDSON FL 34667-5817				1					
	<b>100</b> 7		•	30001112 01001 0011					<ol> <li>Date Incorporated or Qualifit</li> <li>03/19/1990</li> </ol>	ied <b>3a</b> . D	03/1		
Principal Pl	lace of Busine	ss	2a.	Mailing Address					4. FEI Number			· +	olied For
<u> </u>	<del></del>		26						59-2720138			_	Applicable
Suite, Apl. #, etc.			27						5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 6.				
City & State	9			City & State					6. Election Campaign Financin Trust Fund Contribution				May Be
Zip		Country	28	Zip	Cot	untry			······································	······································			Fees
ח <u>דיי</u>	25		20	<b>├</b> ┐		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
J		nd Address of Currer		tered Agent	1001				10. Name and Address of Nev				
		, W	<del></del>	······································	· · · · · · · · · · · · · · · · · · ·	81	Name		· · · · · · · · · · · · · · · · · · ·	······	<u>-</u>		
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				82			Street A	400ress	S (P.U. BOX NUMBER IS NOT ACCE	ртаріе)			
17920 MERIDAN BLVD. HUDSON FL 34687							83						
110000	11 1 6 0 1001									···			
						84	City			Fl	85	Zip C	ode
1. Pursuant i	to the provisio	ns of Sections 617.050	)2 and 6	17.1508. Florida Stat	utes, the a	bove	-named	corpora	ation submits this statement for t		of chang	ing its	registered
office or ri	edistered abo	nt, or both, in the State	a of Flori	da. Such change wa:	s authoriza	ıd bv	the corp	oration	's board of directors. I hereby a	ccept the ap	pointme	nt as r	egistered
agent i a	m ramıllar wiir	, and accept the oblig	jations b	i, Section 617.0503, i	Fibrida Stat	เบเษร							
ignature .	Signature Ivoed o	printed name of registered ag-	ent and title	Il applicable (N	MTE: Redistere	ed Age	nt sinnature	required w	when reinstating)	DATE			
2.	oigikitate, type a te	OFFICERS AN			13.				ADDITIONS/CHANGES TO C		D DIREC	CTORS	S IN 12
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