

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N44133 (9)
1. Corporation Name
FREEPORT ASSEMBLY OF GOD, INCORPORATED



Principal Place of Business Mailing Address
P. O. BOX 670 U.S. HIGHWAY 331 SOUTH FREEPORT, FL 32439 32439
P. O. BOX 670 U.S. HIGHWAY 331 SOUTH FREEPORT, FL 32439 32439-0670

3. Date Incorporated or Qualified 06/25/1991 3a. Date of Last Report 03/20/1996
4. FEI Number 59-2007867 Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
WILLIAMS, GORDON
U.S. HIGHWAY 331 SOUTH
FREEPORT FL

10. Name and Address of New Registered Agent
81 Name Rev. Reuben Grimes
82 Street Address (P.O. Box Number is Not Acceptable) 17457 US Hwy 331 S.
83
84 City Freeport FL 85 Zip Code 32439

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 *Reuben Grimes* DATE 4-25-97
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	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, CHARLES	
STREET ADDRESS	P.O. BOX 986 NA	
CITY-ST-ZIP	FREEPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARRIS, EDDIE E.	
STREET ADDRESS	P O BOX 295 N/A	
CITY-ST-ZIP	FREEPORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, GORDON	
STREET ADDRESS	FOUR MILE RD.	
CITY-ST-ZIP	FREEPORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 32		
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Morse, Judy	
1.3 STREET ADDRESS	PO BOX 423, NA	
1.4 CITY-ST-ZIP	FREEPORT, FL 32439	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FARRIS, EDDIE E.	
2.3 STREET ADDRESS	790 W. Bayloop Rd.	
2.4 CITY-ST-ZIP	Freeport, FL 32439	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Godwin, Darlene	
3.3 STREET ADDRESS	Rt 2 Box 56	
3.4 CITY-ST-ZIP	Freeport, FL 32439	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.
Reuben Grimes 4-25-97

CR2E037 (9/96)