

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44133 (9)
 1. Corporation Name
FREEMPORT ASSEMBLY OF GOD, INCORPORATED



Principal Place of Business P. O. BOX 670 U.S. HIGHWAY 331 SOUTH FREEMPORT, FL 32439 32439	Mailing Address P. O. BOX 670 U.S. HIGHWAY 331 SOUTH FREEMPORT, FL 32439 32439
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3. Date Incorporated or Qualified 06/25/1991
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4. FEI Number 59-2007867	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent GRIMES, REUBEN REV 17457 US HWY 331 SO FREEMPORT FL 32439

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

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORSE, JUDY	1.2 NAME	Moore, Phillip
STREET ADDRESS	P.O. BOX 423	1.3 STREET ADDRESS	4404 Broad St.
CITY-ST-ZIP	FREEMPORT FL	1.4 CITY-ST-ZIP	Marianna, FL 32446
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRIS, EDDIE E.	2.2 NAME	McCormick, Casandra
STREET ADDRESS	790 W BAYLOOP RD	2.3 STREET ADDRESS	P.O. Box 72 NIA
CITY-ST-ZIP	FREEMPORT FL	2.4 CITY-ST-ZIP	Freeport, FL 32439
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODWIN, DARLENE	3.2 NAME	Nilsen, Virginia
STREET ADDRESS	RT 2 BOX 56	3.3 STREET ADDRESS	P.O. Box 1062 NIA
CITY-ST-ZIP	FREEMPORT FL	3.4 CITY-ST-ZIP	Freeport, FL 32439
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SIT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Moore, Lana
STREET ADDRESS		4.3 STREET ADDRESS	4404 Broad St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Marianna, FL 32446
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Grimes, Reuben
STREET ADDRESS		5.3 STREET ADDRESS	17457 US Hwy. 331S
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Freeport, FL 32439
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Moore, Phillip
1.3 STREET ADDRESS	4404 Broad St.
1.4 CITY-ST-ZIP	Marianna, FL 32446
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McCormick, Casandra
2.3 STREET ADDRESS	P.O. Box 72 NIA
2.4 CITY-ST-ZIP	Freeport, FL 32439
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nilsen, Virginia
3.3 STREET ADDRESS	P.O. Box 1062 NIA
3.4 CITY-ST-ZIP	Freeport, FL 32439
4.1 TITLE	SIT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Moore, Lana
4.3 STREET ADDRESS	4404 Broad St.
4.4 CITY-ST-ZIP	Marianna, FL 32446
5.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Grimes, Reuben
5.3 STREET ADDRESS	17457 US Hwy. 331S
5.4 CITY-ST-ZIP	Freeport, FL 32439
6.1 TITLE	
6.2 NAME	
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)(l), 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: Reuben L. Grimes 4/26/98 (850) 835-2098

CR2E037 (10/97)