

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90176 028 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N44133

1. Corporation Name
FREEPORT ASSEMBLY OF GOD, INCORPORATED

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

Mailing Address
 P. O. BOX 670
 U.S. HIGHWAY 331 SOUTH
 FREEPORT, FL 32439 32439



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/25/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2007867	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRIMES, REUBEN REV 17457 US HWY 331 SO FREEPORT FL 32439				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, PHILLIP			1.2 NAME			
STREET ADDRESS	4404 BROAD ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32446			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCORMICK, CASANDRA			2.2 NAME	Miles-CAROL		
STREET ADDRESS	P. O. BOX 72 N/A			2.3 STREET ADDRESS	4811 PEANUT ED		
CITY-ST-ZIP	FREEPORT FL 32439			2.4 CITY-ST-ZIP	BRACEVILLE A 32440		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NILSEN, VIRGINIA			3.2 NAME	Nilsen Virginia		
STREET ADDRESS	P. O. BOX 1062 N/A			3.3 STREET ADDRESS	PO BOX 1062		
CITY-ST-ZIP	FREEPORT FL 32439			3.4 CITY-ST-ZIP	freeport FL 32439		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, LANA			4.2 NAME	Miller Beverly L		
STREET ADDRESS	4404 BROAD ST			4.3 STREET ADDRESS	9999 Hwy 81 S		
CITY-ST-ZIP	MARIANNA FL 32446			4.4 CITY-ST-ZIP	RED BAY FL 32455		
TITLE	P	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIMES, REUBEN			5.2 NAME	Miles HARRY C		
STREET ADDRESS	17457 U. S. HWY 3315			5.3 STREET ADDRESS	4811 PEANUT ED		
CITY-ST-ZIP	FREEPORT FL 32439			5.4 CITY-ST-ZIP	BRACEVILLE A 32440		
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			

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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE: THE GRIMES 7-12-99 850-835-2078
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0010399
CR2E037 (5/99)