FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 22 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37217 (9)

1. Corporation Name
PRAISE ASSEMBLY OF GOD, INC. OF HUDSON, FLA

Principal Place of Business	Mailing Address
C/O REV. THOMAS FINKEN 17920 MERIDIAN BLVD HUDSON FL 34667	C/O REV. THOMAS FINKEN 17920 MERIDIAN BLVD HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1990
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2720138 — Applied For / Not Applicable

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

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FINKEN, THOMAS REV. 11327 POND COURT PORT RICHEY FL 34668	81 Name: Rev. Terry D. Carter 82 Street Address (P.O. Box Number is Not Acceptable): 17920 Meridian Blvd. 83 Hudson 84 City: FL 85 Zip Code: 34667

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Rev. Terry D. Carter — 05/08/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	FINKEN, THOMAS REV.	1.2 NAME	Rev. Terry D. Carter
STREET ADDRESS	11327 POND COURT	1.3 STREET ADDRESS	17920 Meridian Blvd.
CITY ST ZIP	PORT RICHEY FL	1.4 CITY ST ZIP	Hudson, Florida 34667
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHAEFER, DONALD	2.2 NAME	
STREET ADDRESS	12635 CANTON AVE.	2.3 STREET ADDRESS	
CITY ST ZIP	HUDSON FL	2.4 CITY ST ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	PRESTIGIACOMO, FRANK	3.2 NAME	
STREET ADDRESS	8455 BLACKSTONE STREET	3.3 STREET ADDRESS	
CITY ST ZIP	SPRING HILL FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MANSON, JAMES	4.2 NAME	
STREET ADDRESS	13602 WHITBY ROAD	4.3 STREET ADDRESS	
CITY ST ZIP	HUDSON FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ADKINS, GARY	5.2 NAME	
STREET ADDRESS	13438 OAKWOOD DR	5.3 STREET ADDRESS	
CITY ST ZIP	HUDSON FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Don Schaefer — 04-19-95 — (813) 863-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donald Schaefer, Secretary

0067843