

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N16091** (3)

1. Corporation Name

**FIRST ASSEMBLY OF GOD OF KEYSTONE HEIGHTS, FLORI
DA, INC.**



Principal Place of Business

Mailing Address

8025 S.R. 100
HIGHWAY 100
KEYSTONE HEIGHTS FL 32656
US

8025 S.R. 100
HIGHWAY 100
KEYSTONE HEIGHTS FL 32656
US

3. Date Incorporated or Qualified
07/29/1986

3a. Date of Last Report
04/26/1995

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

4. FEI Number

59-3183534

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIPPIN, ROY KENNETH
HIGHWAY 100
KEYSTONE HEIGHTS FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PIPPIN, ROY K. | |
| STREET ADDRESS | CLOVER LANE 7699 | |
| CITY - ST - ZIP | KEYSTONE HEIGHTS FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CAPPER, DAVID | |
| STREET ADDRESS | 1905 W. PEACH ST. | |
| CITY - ST - ZIP | KEYSTONE HEIGHTS FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | PIPPIN, SUSAN C. | |
| STREET ADDRESS | CLOVER LANE 769 | |
| CITY - ST - ZIP | KEYSTONE HEIGHTS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, III J W. | |
| STREET ADDRESS | P.O. BOX 286 | |
| CITY - ST - ZIP | LAKE GENEVA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SCHORLE, PETE | |
| STREET ADDRESS | 7252 GOLF ST. | |
| CITY - ST - ZIP | KEYSTONE HEIGHTS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY K PIPPIN

4.8.96

352-473-3432

Date

Daytime Phone #

CR2E037 (12/95)