

4-3-97 B-3976 C  
FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16091** (3)

1. Corporation Name

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



Principal Place of Business	Mailing Address
<b>8025 S.R. 100 HIGHWAY 100 KEYSTONE HEIGHTS FL 32656 US</b>	<b>8025 S.R. 100 HIGHWAY 100 KEYSTONE HEIGHTS FL 32656-9424 US</b>

3. Date Incorporated or Qualified <b>07/29/1986</b>	3a. Date of Last Report <b>04/11/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number <b>59-3183534</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>PIPPIN, ROY KENNETH HIGHWAY 100 KEYSTONE HEIGHTS FL</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIPPIN, ROY K.</b>	1.2 NAME	
STREET ADDRESS	<b>CLOVER LANE 7699</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAPPER, DAVID</b>	2.2 NAME	<b>AUSTIN, MOODY</b>
STREET ADDRESS	<b>1905 W. PEACH ST.</b>	2.3 STREET ADDRESS	<b>260 FAIRWAY DR</b>
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL</b>	2.4 CITY-ST-ZIP	<b>KEYSTONE HEIGHTS, FL 32656</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIPPIN, SUSAN C.</b>	3.2 NAME	
STREET ADDRESS	<b>CLOVER LANE 769</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, III J W.</b>	4.2 NAME	<b>JEFF JENNINGS</b>
STREET ADDRESS	<b>P.O. BOX 288</b>	4.3 STREET ADDRESS	<b>527 S.E. 4TH AVE</b>
CITY-ST-ZIP	<b>LAKE GENEVA FL</b>	4.4 CITY-ST-ZIP	<b>MELROSE FL 32666</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHORLE, PETE</b>	5.2 NAME	<b>DANIEL V. PIPPIN</b>
STREET ADDRESS	<b>7252 GOLF ST.</b>	5.3 STREET ADDRESS	<b>6486 BAKER RD.</b>
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL</b>	5.4 CITY-ST-ZIP	<b>KEYSTONE HEIGHTS, FL 32656</b>
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 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.

SIGNATURE: **R.N. HOLLINGSWORTH** REQUIRED **3-31-97** **352-473 3432**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011788

CR2E037 (9/96)