

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 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 # **N16091** (3)
1. Corporation Name
**FIRST ASSEMBLY OF GOD OF KEYSTONE HEIGHTS, FLORI
DA, INC.**



Principal Place of Business 8025 S.R. 100 HIGHWAY 100 KEYSTONE HEIGHTS FL 32656 US	Mailing Address 8025 S.R. 100 HIGHWAY 100 KEYSTONE HEIGHTS FL 32656 US
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3. Date Incorporated or Qualified 07/29/1986	
4. FEI Number 59-3183534	Applied For <input type="checkbox"/> Not Applicable

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
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 type="checkbox"/> No

9. Name and Address of Current Registered Agent PIPPIN, ROY KENNETH HIGHWAY 100 KEYSTONE HEIGHTS FL	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
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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	PD PIPPIN, ROY K. CLOVER LANE 7699 KEYSTONE HEIGHTS FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD RUSTIN, MOODY 260 FAIRWAY DR KEYSTONE HEIGHTS FL	2.1 TITLE	VD
NAME		2.2 NAME	WILLIAMS, N.E.S.
STREET ADDRESS		2.3 STREET ADDRESS	P.O. Box 286
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1811 GIFT AVE 32160
TITLE	SD PIPPIN, SUSAN C. CLOVER LANE 769 KEYSTONE HEIGHTS FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D JENNINGS, JEFF 527 SW 4 AVE MELROSE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PIPPIN, DANIEL V P 6486 BAKER RD KEYSTONE HEIGHTS FL	5.1 TITLE	D
NAME		5.2 NAME	STANLY, AARON
STREET ADDRESS		5.3 STREET ADDRESS	RT 2 Box 206
CITY-ST-ZIP		5.4 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE		6.1 TITLE	
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.

SIGNATURE: *ROY K. PIPPIN, P.D.* 4-21-98 352-473-2432

CR2E037 (10/97)