

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90202 041 ****61.25

DOCUMENT # N16091

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

07/29/1986

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PIPPIN, ROY K.	CLOVER LANE 7699	KEYSTONE HEIGHTS FL	<input type="checkbox"/>
VD	WILLIAMS, WES	P.O. BOX 286 N/A	LAKE GENEVA FL 32160	<input checked="" type="checkbox"/>
SD	PIPPIN, SUSAN C.	CLOVER LANE 769	KEYSTONE HEIGHTS FL	<input type="checkbox"/>
D	JENNINGS, JEFF	527 SW 4 AVE	MELROSE FL	<input checked="" type="checkbox"/>
D	STANLY, AARON	RT 2 BOX 206 N/A	KEYSTONE HEIGHTS FL 32656	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VD	AARON STANLEY	7689 YOSEMITE ROAD	KEYSTONE HEIGHTS, FL 32656	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	LARRY HARRISON	7660 RANCHETTE ROAD	KEYSTONE HEIGHTS, FL 32656	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	G. B WIGHT PRITCHARD	8475 NITTANY DRIVE	MELROSE FLA 32666	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *R. Hollingsworth* **SIGNATURE REQUIRED** *R. Hollingsworth* **TREASURER** *4-19-99* **352-473 4226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *R. Hollingsworth* **TREASURER** *4-19-99* **352-473 4226**
Daytime Phone #

CR2E037 (11/98)