

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 22 PM 4:25

DOCUMENT # 704718 (6)

1. Corporation Name  
GALLOWAY ASSEMBLY OF GOD, INC., OF LAKELAND, FLORIDA

Principal Place of Business Mailing Address  
4405 N. GALLOWAY RD. 4405 N. GALLOWAY RD.  
LAKELAND FL 33809 LAKELAND FL 33809  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1962 3a. Date of Last Report 02/16/1994  
4. FEI Number 59-2247709 Applied For Not Applicable  
5. Certificate of Status Desired  \$6.75 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

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

9. Name and Address of Current Registered Agent  
APPLEWHITE, DANIEL J  
4405 N GALLOWAY RD  
LAKELAND FL 33809

10. Name and Address of Now Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

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 \_\_\_\_\_ (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 D  
NAME TARTE, PHILLIP A  
STREET ADDRESS 3413 MT. TABOR RD.  
CITY-ST-ZIP LAKELAND FL 33809  
TITLE D  
NAME MILLER, JOEL T  
STREET ADDRESS 4312 PLEASANT WAY  
CITY-ST-ZIP LAKELAND FL 33809  
TITLE ST  
NAME MILLER, CHARLOTTE  
STREET ADDRESS 4312 PLEASANT WAY  
CITY-ST-ZIP LAKELAND FL  
TITLE D  
NAME CLYATT, CHARLES S  
STREET ADDRESS 603 N. STRAIN BLVD.  
CITY-ST-ZIP LAKELAND FL 33801  
TITLE D  
NAME SMITH, DAVID  
STREET ADDRESS 2916 SLEEPY HILL RD.  
CITY-ST-ZIP LAKELAND FL  
TITLE D  
NAME REYNOLDS, JAMES D.  
STREET ADDRESS 3910 CHART PRINE RD.  
CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D  Change  Addition  
1.2 NAME Morris P. Applewhite  
1.3 STREET ADDRESS 4415 Meadowview Dr.  
1.4 CITY-ST-ZIP Lakeland, FL 33809  
2.1 TITLE D  Change  Addition  
2.2 NAME Sam Fox  
2.3 STREET ADDRESS 1026 Burrissfidge Dr.  
2.4 CITY-ST-ZIP Lakeland, FL 33809  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE D  Change  Addition  
4.2 NAME Warren Bryant  
4.3 STREET ADDRESS 6216 Central Ave. N.W.  
4.4 CITY-ST-ZIP Lakeland, FL 33809  
5.1 TITLE  Change  Addition  
5.2 NAME Vacant  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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 110.07(3)(b), 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: Charlotte Miller Secretary, Treasurer 3-16-95 813-858-4471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Charlotte Miller