

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 # **704718** (6)
1. Corporation Name
GALLOWAY ASSEMBLY OF GOD, INC., OF LAKELAND, FLORIDA



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

3. Date Incorporated or Qualified: 10/25/1962
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: 59-2247709
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: APPLEWHITE, DANIEL J, 4405 N GALLOWAY RD, LAKELAND FL 33809
10. Name and Address of New Registered Agent (81-85) fields.

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)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS P. APPLEWHITE	
STREET ADDRESS	4415 MEADOWVIEW DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAM FOX	
STREET ADDRESS	1026 BURRISRIDGE DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MILLER, CHARLOTTE	
STREET ADDRESS	4312 PLEASANT WAY	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARREN BRYANT	
STREET ADDRESS	6216 CENTRAL AVE. N.W.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REYNOLDS, JAMES D.	
STREET ADDRESS	3910 CHART PRINE RD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Todd Miller	
1.3 STREET ADDRESS	4312 Pleasant Way	
1.4 CITY-ST-ZIP	Lakeland, FL 33809	
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: *Charlotte Miller* Secretary, Treasurer 3-8-96 941-858-4471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)