FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

704718

(6)

GALLOWAY ASSEMBLY OF GOD, INC., OF LAKELAND, FLORIDA

KIUA							
Principal Place of Business Mailing Address				- 100311 10011 DAILI ARBER 10000 14801 ADILI ARBER 10000 14801 ADILI ARBER 10011 ADILI ARBER 10011 ADILI ARBER			01016 02011 19 8 1
4405 N. GALLOWAY RD. LAKELAND FL 33809 US 4405 N. GALLOWAY RD. LAKELAND FL 33810-6720 US							
50		00			3. Date Incorporated or Qualified 10/25/1962	3a. Date of Last 03/13/1	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21		26		59-2247709		Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State		City & State				Required	
23	o .	28		Election Campaign Financing Trust Fund Contribution		May Be	
Zip Country		Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	,	Florida Statutes Yes PNo		
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			6	1 Name			
APPLEWHITE, DANIEL J 4405 N GALLOWAY RD LAKELAND FL 33809			Ē	2 Street Add	eet Address (P.O. Box Number is Not Acceptable)		
			ŧ	13			WY6-1
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	14 City		ar 7	p Code
				City		FL 85 Zi	p Code
11. Pursuant to office or reagent. Last	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 617.1508, Florida Stile of Florida Stile of Florida. Such change w gations of, Section 617.0503	atutes, the abo as authorized , Florida Statu	ove-named corpora by the corpora tes.	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing of the appointment in the appoi	its registered as registered
SIGNATURE							
	Signature, typed or printed name of registered a			Agent signature requi	red when reinstating)	DATE	300 IN 40
12.	D OFFICERS A	OFFICERS AND DIRECTORS 11		<u> </u>	ADDITIONS/CHANGES TO OFFIC	Chang	****
TITLE NAME	Morris P. Applewhite	C_F OLCCIE	1.1 TITL 1.2 NAM			L. Orlang	, LJ Abbilion
SYREET ADDRESS	A A S T A S A A A A A A A A A A A A A A			EET ADDRESS			
DITY-ST-ZIP	LAKELAND FL		8	-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITL			Chang	Addition
NAME	SAM FOX		2.2 NAM	IE			
STREET ADDRESS	1026 BURRISRIDGE DR.			EET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			Y-ST-ZIP			
TITLE	ST	DELETE	3.1 TITE			☐ Chang	e Addition
NAME	MILLER, CHARLOTTE		3.2 NAM	re			
STREET ADDRESS	4312 PLEASANT WAY		3.3 STA	EET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		3.4. CIT	Y-ST-ZIP			
TOTALE	D	☐ DELETE	4.1 TITL	E		☐ Chang	e Addition
NAME	WARREN BRYANT		4. 2 NAJ	,			
STREET ADDRESS	6216 CENTRAL AVE. N.W.		4.3 STR	EET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			'-ST-ZIP			a dante.
TITLE	D	☐ DELETE	5.1 TITL			Chang	e Addition
NAME	REYNOLDS, JAMES D.		5.2 NAN			•	
STREET ADDRESS	3910 CHART PRINE RD.			EET ADDRESS			
CITY - ST - ZIP	LAKELAND FL	DELETE		-ST-ZIP		Chang	e Addition
TITLE	D MILEO TODO	בַן טנננונ	6.1 TITL				MODITION
NAME	MILLER, TODD		6.2 NAM	1			
STREET ADDRESS	4312 PLEASANT WAY			EET ADDRESS			
CHTY-ST-ZIP	LAKELAND FL		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: Chaulette

Swer \$ -9-97 941-858-447/

FILED

Apr 22 1997 8:00am

Secretary of State

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