

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 LAKE LAND, FLO RIDA



Principal Place of Business Mailing Address  
4405 N. GALLOWAY RD LAKELAND FL 33809 US  
4405 N. GALLOWAY RD. LAKELAND FL 33810-6720 US

3. Date Incorporated or Qualified 10/25/1962  
3a. Date of Last Report 03/13/1996  
4. FEI Number 59-2247709  
Applied For Not Applicable  
5. Certificate of Status Desired [X] \$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 [X] No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

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 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

Table with 6 rows of officer information including names (MORRIS P. APPLEWHITE, SAM FOX, MILLER, CHARLOTTE, WARREN BRYANT, REYNOLDS, JAMES D., MILLER, TODD) and addresses.

Table with 6 rows for additions/changes to officers and directors, with columns for title, name, street address, and 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: Charlotte Miller Secretary Treasurer 4-9-97 941-858-4471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063006

CR2E037 (9/96)