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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 704718

1. Corporation Name

GALLOWAY ASSEMBLY OF GOD, INC., OF LAKE LAND, FLO
 RIDA

Principal Place of Business

4405 N. GALLOWAY RD.
 LAKE LAND FL 33810
 US

Mailing Address

4405 N. GALLOWAY RD.
 LAKE LAND FL 33810
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/25/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2247709	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

APPLEWHITE, DANIEL J
 4405 N GALLOWAY RD
 LAKE LAND FL 33809

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS P. APPLEWHITE	1.2 NAME	D DAVID SMITH
STREET ADDRESS	4415 MEADOWVIEW DR.	1.3 STREET ADDRESS	2916 SLEEPYHILL RD.
CITY-ST-ZIP	LAKE LAND FL	1.4 CITY-ST-ZIP	LAKE LAND, FL 33810
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM FOX	2.2 NAME	
STREET ADDRESS	1026 BURRISRIDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, CHARLOTTE	3.2 NAME	JOEL MILLER
STREET ADDRESS	4312 PLEASANT WAY	3.3 STREET ADDRESS	4312 PLEASANT WAY
CITY-ST-ZIP	LAKE LAND FL	3.4 CITY-ST-ZIP	LAKE LAND, FL 33810
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN BRYANT	4.2 NAME	
STREET ADDRESS	6216 CENTRAL AVE. N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, JAMES D.	5.2 NAME	
STREET ADDRESS	3910 CHART PRINE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TODD	6.2 NAME	
STREET ADDRESS	4312 PLEASANT WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	6.4 CITY-ST-ZIP	

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: *Charlotte Miller* **SECRETARY** *Treasurer* 4/7/99 941-858-4471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (1/1/98)