

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 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 # 704741 (8)
1. Corporation Name
FIRST ASSEMBLE OF GOD, INC. OF LAKE CITY, FLORID
A

Principal Place of Business

2597 E. DUVAL ST.
LAKE CITY FL 32055

Mailing Address

2597 E. DUVAL ST.
LAKE CITY FL 32055-3647



3. Date Incorporated or Qualified
10/31/1962

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
59-1502613

Applied For
Not Applicable

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

SURGENER, DENVER REV.
RT 15, BOX 755
LAKE CITY FL 32024

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 Rev. Denver Surgence, Pastor

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	<input checked="" type="checkbox"/> DELETE
NAME	NEVERS, DONALD	
STREET ADDRESS	RT 11, BOX 291-F	
CITY - ST - ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGMAN, HAROLD	
STREET ADDRESS	RT 14 BOX 268 N/A	
CITY - ST - ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUH, GLADYS	
STREET ADDRESS	812 E NASSAU ST	
CITY - ST - ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DAISY MAE	
STREET ADDRESS	RT 7 BOX 391 N/A	
CITY - ST - ZIP	LAKE CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CHRISTIE, DOT	
STREET ADDRESS	ROUTE 6, BOX 426-C	
CITY - ST - ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GINN, DUPREE	
STREET ADDRESS	415 COUNTRY CLUB RD	
CITY - ST - ZIP	LAKE CITY FL	

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	Frances Luker	
1.3 STREET ADDRESS	803 Lakewood Circle	
1.4 CITY - ST - ZIP	Lake City, FL 32024	
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 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: Dot Christie, Sec./Treas. REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000001

CR2E037 (9/96)