

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90031 008 ****61.25

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DOCUMENT # 704741

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

3. Date Incorporated or Qualified

10/31/1962

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

9. Name and Address of Current Registered Agent

SURGENER, DENVER REV.

~~RT 15, BOX 755~~

Rt. 22, 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

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 ☐ DELETE
NAME CASON, GEORGIA
STREET ADDRESS RT 7, BOX 611
CITY-ST-ZIP LAKE CITY FL 32025

TITLE D ☐ DELETE
NAME RIVERS, WENDA
STREET ADDRESS 616 W MADISON ST
CITY-ST-ZIP LAKE CITY FL 32055

TITLE D ☐ DELETE
NAME GEORGE, NEBIE
STREET ADDRESS 7 VICTORY CT
CITY-ST-ZIP LAKE CITY FL 32055

TITLE D ☐ DELETE
NAME LUKER, FRANCES
STREET ADDRESS 803 LAKEWOOD CIR
CITY-ST-ZIP LAKE CITY FL 32025

TITLE ST ☐ DELETE
NAME CHRISTIE, DOT
STREET ADDRESS ROUTE 6, BOX 426-C
CITY-ST-ZIP LAKE CITY FL

TITLE D ☒ 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 ☐ Change ☒ Addition
1.2 NAME D Martha Roberts
1.3 STREET ADDRESS P.O. Box 220
1.4 CITY-ST-ZIP Worthington Springs, FL 32697

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Denise Ginn* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-'99

Date

(904) 752-2195

Daytime Phone #

CR2E037 (11/98)