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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704875 (4)

1. Corporation Name

FIRST ASSEMBLY OF GOD, INC., OF PALATKA, FLORIDA



Principal Place of Business

Mailing Address

3111 ST. JOHNS AVENUE
PALATKA FL 32177-4131

3111 ST. JOHNS AVENUE
PALATKA FL 32177-4131

3. Date incorporated or Qualified
12/05/1962

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2240885

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEILMAN, PHILIP A.
RT 6 BOX 1166
PALATKA FL 32177

81 Name

TOM ZIEGLER

82 Street Address (P.O. Box Number is Not Acceptable)

83

RR 4 BOX 748-D

84 City

PALATKA

FL

85 Zip Code

32177

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HART, THAD
STREET ADDRESS RT 2 BOX 152 A
CITY-ST-ZIP EAST PALATKA FL

TITLE STD ☐ DELETE
NAME HEILMAN, PHILIP A.
STREET ADDRESS RT 6 BOX 1166
CITY-ST-ZIP PALATKA FL

TITLE PD ☐ DELETE
NAME SELLERS, JEFF
STREET ADDRESS 3111 ST JOHNS AVE
CITY-ST-ZIP PALATKA, FL 00000

TITLE D ☐ DELETE
NAME CZERWINSKI, JAMES R.
STREET ADDRESS 215 POINSETTA AVE
CITY-ST-ZIP PALATKA FL 32177

TITLE T ☐ DELETE
NAME MACDONALD, ALLEN
STREET ADDRESS P.O. BOX 103 N/A
CITY-ST-ZIP HASTINGS FL 32145

TITLE D ☐ DELETE
NAME HALL, SONNY
STREET ADDRESS RT 5 BOX 6313
CITY-ST-ZIP PALATKA FL FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME MIKE FELTON
1.3 STREET ADDRESS 3416 WOODLAND STREET
1.4 CITY-ST-ZIP PALATKA FL 32177

2.1 TITLE STT ☒ Change ☐ Addition
2.2 NAME TOM ZIEGLER
2.3 STREET ADDRESS RR 4 BOX 748-D
2.4 CITY-ST-ZIP PALATKA FL 32177

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 D ☒ Change ☐ Addition
6.2 NAME ANDRE GABORIAU
6.3 STREET ADDRESS 2812 LANE STREET
6.4 CITY-ST-ZIP PALATKA FL 32177

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96

Date

904-325-9927

Daytime Phone

CR2E037 (12/95)

704875

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ADDITIONAL OFFICERS:

TITLE: D
NAME: JODY WELLS
ADDRESS: P. O. BOX 373
CITY: HOLLISTER FL 32147

TITLE: T
NAME: GREG DOWDY
ADDRESS: P. O. BOX 968
CITY: SAN MATEO FL 32187