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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 704875

1. Corporation Name

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

Principal Place of Business	Mailing Address
3111 ST. JOHNS AVENUE PALATKA FL 32177-4131	3111 ST. JOHNS AVENUE PALATKA FL 32177-4131

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 12/05/1962

4. FEI Number: 59-2240885 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

ZIEGLER, TOM
RR 4 BOX 748-D
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name: PHILIP A HEILMAN
82 Street Address (P.O. Box Number is Not Acceptable): 107 MORNINGSTAR LANE
83: PALATKA FL 32177
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: X Philip A. Heilman — 3-16-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	FELTON, MIKE		1.2 NAME	DAVID HARRIS	
STREET ADDRESS	3416 WOODLAND ST		1.3 STREET ADDRESS	141 LAKE TRAIL RD	
CITY-ST-ZIP	PALATKA FL		1.4 CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	STD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ZIEGLER, TOM		2.2 NAME	GRADY WALLACE	
STREET ADDRESS	RR 4 BOX 748-D		2.3 STREET ADDRESS	155 TOMPKINS RD.	
CITY-ST-ZIP	PALATKA FL		2.4 CITY-ST-ZIP	LAKE COMO FL 32157	
TITLE	PD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SELLERS, JEFF		3.2 NAME	SONNY HALL	
STREET ADDRESS	3111 ST JOHNS AVE		3.3 STREET ADDRESS	RR 5 BOX 6313	
CITY-ST-ZIP	PALATKA, FL 00000		3.4 CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	HEILMAN, PHILIP A		4.2 NAME	PHILIP A HEILMAN	
STREET ADDRESS	RR 6 BOX 1166		4.3 STREET ADDRESS	107 MORNINGSTAR LANE	
CITY-ST-ZIP	PALATKA FL		4.4 CITY-ST-ZIP	PALATKA FL 32177	
TITLE	T	☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	DUNNING, WILLIAM S		5.2 NAME	STEVE ROSE	
STREET ADDRESS	208 DOGWOOD LN		5.3 STREET ADDRESS	105 JOHN ST	
CITY-ST-ZIP	PALATKA FL		5.4 CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	D	☒ DELETE	6.1 TITLE	TT	☐ Change ☒ Addition
NAME	GABORIAU, ANDRE		6.2 NAME	RICK LEONARDI	
STREET ADDRESS	2812 LANE ST		6.3 STREET ADDRESS	RR 1 BOX 139D	
CITY-ST-ZIP	PALATKA, FL FL		6.4 CITY-ST-ZIP	SAN MATEO FL 32187	

CR2E037 (11/98)

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: X Philip A. Heilman **REQUIRED** — PHILIP A HEILMAN — 3-16-99 — 904-325-9927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #