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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708110 (2)

1. Corporation Name
FIRST ASSEMBLY OF GOD, INC. OF FROSTPROOF, FLORIDA



Principal Place of Business 333 E. B. ST. P.O. BOX 247 FROSTPROOF FL 33843	Mailing Address 333 E. B. ST. P.O. BOX 247 FROSTPROOF FL 33843-0247
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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified 11/13/1964	3a. Date of Last Report 04/15/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2369998	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GALATI, KELLY P.
335 E. B. ST.
FROSTPROOF FL 33843**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 _____ DATE **4-6-97**

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

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	GALATI, KELLY P.	
STREET ADDRESS	335 E. B. ST.	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PHILIP, KU	
STREET ADDRESS	816 N AVE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, VERNON	
STREET ADDRESS	551 C.R. 630A	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MARCH, RAYMOND L.	
STREET ADDRESS	175 OVERCKER CIR.	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MAULDIN, GWENDOLYN J.	
STREET ADDRESS	11 SANDY LANE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeffrey L. Ripe
3.3 STREET ADDRESS	201 Wilson Rd
3.4 CITY-ST-ZIP	Frostproof, FL. 33843
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 _____ DATE **4-6-97 (and) 1-25-2003**

CR2E037 (9/96)