

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 708110 (2)
1. Corporation Name
FIRST ASSEMBLY OF GOD, INC. OF FROSTPROOF, FLORIDA

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified
11/13/1964

4. FEI Number 59-2369998 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 333 E. B. St. 26 333 E. B. St.

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 P.O. Box 247 27 P.O. Box 247

City & State City & State

23 Frostproof, FL 33843 28 Frostproof, FL 33843

Zip Country Zip Country

24 33843 25 Country 29 33843 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Galati, Kelly P.

82 Street Address (P.O. Box Number is Not Acceptable) 335 E. B. St.

83

84 City Frostproof FL 85 Zip Code 33843

11. Pursuant to the provisions of Sections 617.0503 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	PD Galati, Kelly P.
STREET ADDRESS	335 E. B. St.
CITY-ST-ZIP	Frostproof, FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD Philip, KV
STREET ADDRESS	816 N AVE
CITY-ST-ZIP	Frostproof, FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D Kipe, Jeffrey L
STREET ADDRESS	201 Wilson Rd
CITY-ST-ZIP	Frostproof, FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	March, Raymond L.
1.3 STREET ADDRESS	175 Overocker Circle
1.4 CITY-ST-ZIP	Frostproof, FL 33843
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Waters, Ralph
2.3 STREET ADDRESS	300 W. 6th St.
2.4 CITY-ST-ZIP	Frostproof, FL 33843
3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tucker, Connie
3.3 STREET ADDRESS	241 Turkey Oak Trail
3.4 CITY-ST-ZIP	Frostproof, FL 33843
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Respress, Grady
4.3 STREET ADDRESS	801 Clinch Lake Blvd.
4.4 CITY-ST-ZIP	Frostproof, FL 33843
5.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mauldin, Gwendolyn J.
5.3 STREET ADDRESS	11 Sandy Ln.
5.4 CITY-ST-ZIP	Frostproof, FL 33843
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002450743
6.3 STREET ADDRESS	-03/09/98--01015--030
6.4 CITY-ST-ZIP	***61.25

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.

SIGNATURE: _____ DATE: 2/24/98 DAYTIME PHONE #: 941-635-2702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)