

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 711393 (9)
1. Corporation Name
SKYVIEW ASSEMBLY OF GOD, INC.



Principal Place of Business: 3330 SKYVIEW DR LAKELAND FL 33801
Mailing Address: 3330 SKYVIEW DR LAKELAND FL 33801

3. Date Incorporated or Qualified: 08/25/1966
3a. Date of Last Report: 02/15/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: 59-2240658
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CHASEY, HARRY, 3808 OLD HWY 37 #1, LAKELAND FL 33813
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	NAME: CHASEY, HARRY	1.1 TITLE:	
STREET ADDRESS: 3803 OLD HWY 37 1	CITY-ST-ZIP: LAKELAND FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: D	NAME: SHELTON, ROYCE	2.1 TITLE:	
STREET ADDRESS: 4623 HIGHLANDS PLACE DRIVE	CITY-ST-ZIP: LAKELAND FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: T	NAME: BISHOP, JOHN	3.1 TITLE:	
STREET ADDRESS: 1515 CRESCENT PL	CITY-ST-ZIP: LAKELAND FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: P	NAME: SHARPE, JACK Q.	4.1 TITLE:	
STREET ADDRESS: 3911 POLK AVE S	CITY-ST-ZIP: LAKELAND FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: D	NAME: GRAY, RICHARD S	5.1 TITLE:	
STREET ADDRESS: 1000 LONGFELLOW BLVD, BOX 551	CITY-ST-ZIP: LAKELAND FL	5.2 NAME:	
		5.3 STREET ADDRESS:	2521 RALPH ST
		5.4 CITY-ST-ZIP:	LAKELAND FL 33805
TITLE: D	NAME: BUCHAN, OTIS	6.1 TITLE:	
STREET ADDRESS: 600 SADDLEBAG LANE	CITY-ST-ZIP: LAKELAND FL	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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: John A. Bishop JOHN A. BISHOP TREASURER 2/2/96 941(666)-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)