

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

Mailing Address

**3330 SKYVIEW DR
LAKELAND FL 33801**

**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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-2240658

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**CHASEY, HARRY
3808 OLD HWY 37 #1
LAKELAND FL 33813**

81 Name

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

83

84 City

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

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 **S** ☐ DELETE
NAME **CHASEY, HARRY**
STREET ADDRESS **3803 OLD HWY 37 1**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE

☐ Change

☐ Addition

TITLE **D** ☐ DELETE
NAME **SHELTON, ROYCE**
STREET ADDRESS **4623 HIGHLANDS PLACE DRIVE**
CITY-ST-ZIP **LAKELAND FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **T** ☐ DELETE
NAME **BISHOP, JOHN**
STREET ADDRESS **1515 CRESCENT PL**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **P** ☐ DELETE
NAME **SHARPE, JACK Q.**
STREET ADDRESS **3911 POLK AVE S**
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D** ☐ DELETE
NAME **GRAY, RICHARD S**
STREET ADDRESS **1000 LONGFELLOW BLVD, BOX 551**
CITY-ST-ZIP **LAKELAND FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D** ☐ DELETE
NAME **BUCHAN, OTIS**
STREET ADDRESS **600 SADDLEBAG LANE**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change

☐ Addition

**2521 RALPH ST
LAKELAND FL 33805**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)