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Apr 21 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 # 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 33801-6946
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3. Date Incorporated or Qualified 08/25/1966	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 1515 CRESCENT PLACE 27 Suite, Apt. #, etc. 28 LAKELAND FLORIDA 29 33801-6946 30 POLK	4. FEI Number 59-2240658 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHASEY, HARRY	1.2 NAME	H CHASEY, HARRY
STREET ADDRESS	3803 OLD HWY 37 1	1.3 STREET ADDRESS	3803 OLD HWY 37 #1
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND FL 33813
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, ROYCE	2.2 NAME	
STREET ADDRESS	4623 HIGHLANDS PLACE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, JOHN	3.2 NAME	BISHOP JOHN
STREET ADDRESS	1515 CRESCENT PL	3.3 STREET ADDRESS	1515 CRESCENT PL
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	LAKELAND FL 33801
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARPE, JACK O.	4.2 NAME	BHOWERTON, CHRISTOPHER
STREET ADDRESS	3911 POLK AVE S	4.3 STREET ADDRESS	738 GRIFFIN AVE
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	LAKELAND FL 33801
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, RICHARD S	5.2 NAME	
STREET ADDRESS	2521 RALPH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHAN, OTIS	6.2 NAME	TEMPLES, JAMES
STREET ADDRESS	600 SADDLEBAG LANE	6.3 STREET ADDRESS	540 SADDLEBAG LANE
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	LAKELAND FL 33801

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:



JOHN BISHOP

4/1/97

(941) 646-2030

CR2E037 (9/96)