SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 22, 1999 8:00 am
Secretary of State
09-22-1999 90008 028 ****61.25

DOCUMENT # 715043

1. Corporation Name

FIRST ASSEMBLY OF GOD, INC., OF THE CITY OF BOCA RATON, STATE OF FLORIDA

Principal Place of Business	Mailing Address
1300 NW 4TH AVE BOCA RATON FL 33432	1300 NW 4TH AVE BOCA RATON FL 33432

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualifed: 07/31/1968

4. FEI Number: 59-1891559 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

CLOYD, LESLIE G
1551 FORUM PLACE
BUILDINGS 200 & 400
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOYKIN, MARK D		1.2 NAME		
STREET ADDRESS	1308 NW 2ND CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP		
TITLE	TTR	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AMANN, DEAN		2.2 NAME		
STREET ADDRESS	4072 NW 62ND LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		2.4 CITY-ST-ZIP		
TITLE	STR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ENNIS, ALLAN ALLAN		3.2 NAME		
STREET ADDRESS	330 NW 5 AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	TR	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CASTRO, LUIS		4.2 NAME		
STREET ADDRESS	9320-C SW 61ST WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		4.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SENAT, WESTMAN SENAT		5.2 NAME		
STREET ADDRESS	2963 DOLPHIN DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/90)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALLAN A. ENNIS (SECRETARY)