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03-02-1999 90039 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 725292

1. Corporation Name

THE GENERAL ASSEMBLY OF THE CHURCH OF GOD FOR TH
E STATE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
211 PRESIDENTS DRIVE LAKE WALES FL 33859 US	211 PRESIDENTS DRIVE LAKE WALES FL 33859 US

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 01/17/1973
4. FEI Number: 59-1675074 ☐ 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

BOEDEKER, JOHN E.
115 LAKE FLORENCE DRIVE NORTH
WINTER HAVEN FL 33884

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HILLIGOSS, JACK		1.2 NAME		
STREET ADDRESS	405 E. SEMINOLE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BISH, KEN		2.2 NAME		
STREET ADDRESS	5330 LAKELAND HIGHLANDS RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUEBNER, DENNIS W.		3.2 NAME		
STREET ADDRESS	18322 SWAN LK DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SEMPSPROTT, GREG		4.2 NAME	Williams, Elbert	
STREET ADDRESS	10120 DOGWOOD AVENUE		4.3 STREET ADDRESS	P.O. Box 5426	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		4.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33310	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOEDEKER, JOHN		5.2 NAME		
STREET ADDRESS	115 LAKE FLORENCE DRIVE NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FASEL, TERRY		6.2 NAME		
STREET ADDRESS	427 HESPERIDES RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 1/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #