

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

JULY -1 AM 8:49

DOCUMENT # 727250 (3)

1. Corporation Name

THE FIRST ASSEMBLY OF GOD OF ARCADIA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

201 N 11TH AVE
ARCADIA FL 33821

201 N 11TH AVE
ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1973

3a. Date of Last Report

03/11/1994

4. FEI Number

59-1899982

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

5. Certificate of Status Desired

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

LEWIS, REV.WM. BERNIE
201 N 11TH AVE
ARCADIA FL 33821

81 Name

James Clay

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

6282 N.E. Ranch Drive

83

84 City

Arcadia

FL

85 Zip Code

33821

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

James M. Clay

V.P.

4/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	HILL, LARRY
STREET ADDRESS	3615 S.E. BROWN ROAD
CITY, ST, ZIP	ARCADIA FL
TITLE	T
NAME	VAN AKEN, JEFF
STREET ADDRESS	RT 7, BOX 300
CITY, ST, ZIP	ARCADIA, FL 00000
TITLE	S
NAME	PRIEST, CHARLES
STREET ADDRESS	P O BOX 509 SMITH RD
CITY, ST, ZIP	NOCATEE FL
TITLE	P
NAME	LEWIS, WM.BERNIE
STREET ADDRESS	201 N 11TH AVE.
CITY, ST, ZIP	ARCADIA, FL 0
TITLE	D
NAME	MAYFIELD, ROY
STREET ADDRESS	4384 N.E. ANDREA TERRACE
CITY, ST, ZIP	ARCADIA FL
TITLE	D
NAME	TRUMAN, ELAM
STREET ADDRESS	RT. 1 BOX 486 N/A
CITY, ST, ZIP	ARCADIA FL

1.1 TITLE	V	☒ Change ☐ Addition
1.2 NAME	James Clay	
1.3 STREET ADDRESS	P.O. Box 2800 N/A	
1.4 CITY, ST, ZIP	Arcadia, Fl. 33821	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE	S	☒ Change ☐ Addition
3.2 NAME	Jerry Douglas	
3.3 STREET ADDRESS	Rt. 4, Box 1415 N/A	
3.4 CITY, ST, ZIP	Arcadia, Fl. 33821	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	This position is pending!!	
4.4 CITY, ST, ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Locke Gary	
5.3 STREET ADDRESS	7597 Environmental Lab Rd.	
5.4 CITY, ST, ZIP	Arcadia, Fl. 33821	
6.1 TITLE		☐ Change ☐ Addition
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 110.07(3)(b), 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:

James M. Clay
James M. Clay

4/26/95

813-993-4454