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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90051 003 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 727250

1. Corporation Name

THE FIRST ASSEMBLY OF GOD OF ARCADIA, INC.

Principal Place of Business

201 N 11TH AVE
ARCADIA FL 34266
US

Mailing Address

201 N 11TH AVE
ARCADIA FL 34266
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

08/23/1973

4. FEI Number

59-1899982

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

9. Name and Address of Current Registered Agent

CLAY, JAMES
6282 N E RANCH DR
ARCADIA FL 34266

10. Name and Address of New Registered Agent

81 Name

Walter T. Branch

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

403 E. Pine St.

83

84 City

Arcadia,

FL

85 Zip Code
34266

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 *Walter T. Branch*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-99

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CLAY, JAMES	
STREET ADDRESS	P. O. BOX 2800 N/A	
CITY-ST-ZIP	ARCADIA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VAN AKEN, JEFF	
STREET ADDRESS	2884 NW CR 661	
CITY-ST-ZIP	ARCADIA, FL 00000 34266	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOCKE, GARY	
STREET ADDRESS	7597 ENVIRONMENTAL LAB RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIEST, CHARLES	
STREET ADDRESS	P. O. BOX 509 N/A	
CITY-ST-ZIP	NOCATEE FL 33884	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clay James	
1.3 STREET ADDRESS	6282 N. NE. Ranch Dr.	
1.4 CITY-ST-ZIP	Arcadia, FL 34266	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Walter T. Branch	
5.3 STREET ADDRESS	403 E. Pine St.	
5.4 CITY-ST-ZIP	Arcadia, FL 34266	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Walter T. Branch* WALTER T. BRANCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 941-494-0616

Date Daytime Phone #

CR2E037 (11/98)