

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728153 (8)
1. Corporation Name
FIRST ASSEMBLY HOLY CHURCH OF GOD IN CHRIST, INC



Principal Place of Business
**5TH AVE
TRENTON FL 32693
US**

Mailing Address
**P O BOX 503
TRENTON FL 32693
US**

3. Date Incorporated or Qualified
11/30/1973

3a. Date of Last Report
03/06/1995

4. FEI Number
05-0005200

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business **204**
21 802 NW 204 AVE.
Suite, Apt. #, etc.

2a. Mailing Address
26
Suite, Apt. #, etc.

22 **1**
City & State
23 TRENTON FLA.
City & State

24 **32693** 25 **GILCHRIST** 29 **30**
Zip Country Zip Country

9. Name and Address of Current Registered Agent

**JONES, RICHARD LEE JR.
5TH AVENUE
TRENTON FL 32693**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PDC	JONES, (RICHARD LEE JR.)	5TH AVENUE	TRENTON FL 32693	<input type="checkbox"/>
VD	JONES, ELIZABETH	5TH AVENUE	TRENTON FL	<input type="checkbox"/>
TS	BELL, ANNIE, M	711 NW 54TH TERRACE	GAINESVILLE FL	<input type="checkbox"/>
V	JONES, ELIZABETH	5TH AVENUE	TRENTON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	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 119.07(3)(k), 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:

ANNIE M. BELL **3/29/96** **(904)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)