


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90028 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 728153					
1. Corporation Name FIRST ASSEMBLY HOLY CHURCH OF GOD IN CHRIST, INC					
Principal Place of Business 802 NW 2ND AVE TRENTON FL 32693 US			Mailing Address P O BOX 503 TRENTON FL 32693 US		
2. Principal Place of Business 21 802 NW 2nd Ave Suite, Apt. #, etc. 22 City & State 23 Trenton, FL Zip 24 32693		2a. Mailing Address 26 P.O. Box 503 Suite, Apt. #, etc. 27 Trenton, FL City & State 28 32693 Zip 29 Gilchrist		3. Date Incorporated or Qualified 11/30/1973 4. FEI Number 05-0005200 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent JONES, ELIZABETH 509 NW 5TH AVE. TRENTON FL 32693			10. Name and Address of New Registered Agent 81 Name N/A 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	PDC <input type="checkbox"/> DELETE				
NAME	JONES, ELIZABETH				
STREET ADDRESS	802 NW 2ND AVE				
CITY-ST-ZIP	TRENTON FL 32693				
TITLE	T <input type="checkbox"/> DELETE				
NAME	JONES, RICHARD				
STREET ADDRESS	1765 NE 21ST WAY				
CITY-ST-ZIP	GAINESVILLE FL 32609				
TITLE	TS <input type="checkbox"/> DELETE				
NAME	BELL, ANNIE, M				
STREET ADDRESS	711 NW 54TH TERRACE				
CITY-ST-ZIP	GAINESVILLE FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:

ELIZABETH JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 **352-463-6974**
Date Daytime Phone #

CR2E037 (11/98)