## NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 730578

1. Corporation Name

FIRST ASSEMBLY OF GOD OF CRESTVIEW, INC.

Principal Place of Business 400 S FERDON BLVD. CRESTVIEW FL 32536 Mailing Address

400 S FERDON BLVD. CRESTVIEW FL 32536

## FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90003 006 \*\*\*\*61.25

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2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualifed 08/30/1974  4. FEI Number 58-1025970  Applied For Not Applicable 5. Certificate of Status Desired Fee Required Fee
Suite, Apt. #, etc.  Suite, Ap
22   S8-1025970   Not Applicable    City. & State
City & State  Country  Country  Country  Country  Country  Country  Country  6. Election Campaign Financing Trust Fund Contribution  Added to Fees  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  Street Address (P.O. Box Number is Not Acceptable)  RERELL, GORDON  485 RIDGELAKE RD  CRESTVIEW FL 32536  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.
Zip Country Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Expectable Street Address (P.O. Box Number is Not Acceptable)  84 City  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.
25 29 30 Trust Fund Contribution Added to Fees  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name    Street Address (P.O. Box Number is Not Acceptable)
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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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Change MAddition
NAME JERRELL, GORDON 12NAME SUNDAY, BETTY J.
NAME JERRELL, GORDON  STREET ADDRESS  485 RIDGELAKE RD  12 NAME  13 STREET ADDRESS  7255 BILL LKNDY RD
CITY-ST-ZIP CRESTVIEW FL 32536
TITLE D DELETE 2.1 TITLE S Change MAddition
NAME WILSON, RONALD G 22 NAME Thompson, John
NAME WILSON, RONALD G STREET ADDRESS 107 SPRINGWOOD CIRCLE  22 NAME 23 STREET ADDRESS 5861 Degr mont Dr
CITY-ST-ZIP CRESTVIEW FL 32536 2.4 CITY-ST-ZIP CRESTVIEW FL 325.39
TITLE D DELETE 3.1 TITLE Change Addition
NAME BATSON, LEON 32 NAME
STREET ADDRESS 5980 LINENE DRIVE 3.3 STREET ADDRESS
CITY-ST-ZIP CRESTVIEW FL 32536 34.CITY-ST-ZIP Change Addition
The same are a second of the s
NAME DUNN, ANDREW D 4.2 NAME
STREET ADDRESS 4235 PAINTER BRANCH RD 4.3 STREET ADDRESS
CITY-ST-ZIP
OADD ODIO
FOR CAPE DE
OPPOTUENT IL DOCOD
CITY-ST-ZIP CHEST VIEW PL 32539 SACITY-ST-ZIP Change Addition
NAME - DUBOSE, JIMMY C
STREET ADDRESS 3167 AIRPORT RD 6.3 STREET ADDRESS
CITY-ST-ZIP CRESTVIEW FL 32539 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:

CHANGE QUIRED

7-7-99

Daytime Phy