FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730670 (7)

1. Corporation Name

FIRST ASSEMBLY OF GOD, INC., OF TARPON SPRINGS, FLORIDA

Principal Place of Business	Mailing Address
550 E. TARPON AVE. P. O. BOX 98 TARPON SPRINGS FLORIDA 34689-4324	550 E. TARPON AVE. P. O. BOX 98 TARPON SPRINGS FLORIDA 34689-4324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1974
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2722093 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOHNSON, C.M. REV
2431 SURINAM CT
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 5102 ROANOKE DR.

83

84 City: HOLIDAY **FL** 85 Zip Code: 34690

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	T	☐ Change ☒ Addition
NAME	PETERS, RONALD	1.2 NAME		
STREET ADDRESS	2873 OAK CREEK LN.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BATEMAN, TROY	2.2 NAME	MAUST, REON	
STREET ADDRESS	1416 SARATOGA DRIVE	2.3 STREET ADDRESS	2006 CEMETERY RD	
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	D	3.1 TITLE	S	☐ Change ☒ Addition
NAME	SHERWOOD, JERRY	3.2 NAME		
STREET ADDRESS	3586 ROLANDO DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PENDLETON, JOHN	4.2 NAME	CLARK, JOE	
STREET ADDRESS	1102 VIKING DR	4.3 STREET ADDRESS	1120 MAYBURY	
CITY-ST-ZIP	HOLIDAY FL	4.4 CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	T	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MCCARTHY, JIM	5.2 NAME	CLARK, GREG	
STREET ADDRESS	1400 CLUB DR	5.3 STREET ADDRESS	1120 MAYBURY	
CITY-ST-ZIP	TARPON SPGS FL	5.4 CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	P	6.1 TITLE	P	XX Change ☐ Addition
NAME	JOHNSON, CHAS. M.	6.2 NAME	JOHNSON, CHAS.M.	
STREET ADDRESS	2431 SURINAM CT.	6.3 STREET ADDRESS	5102 ROANOKE DR.	
CITY-ST-ZIP	HOLIDAY FL 34691	6.4 CITY-ST-ZIP	HOLIDAY, FL 34690	

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)(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.

SIGNATURE: Rev. Charles M. Johnson Charles M. Johnson 4/10/95 (813)937-5271
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

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