

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 # **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 96
TARPON SPRINGS FLORIDA 34689-4324**

**550 E. TARPON AVE.
P. O. BOX 96
TARPON SPRINGS FLORIDA 34689-4324**

3. Date Incorporated or Qualified

09/12/1974

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, C.M. REV
5102 ROANOKE DR
HOLIDAY FL 34690**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITILE **T** ☐ DELETE
NAME **PETERS, RONALD**
STREET ADDRESS **2873 OAK CREEK LN.**
CITY-ST-ZIP **PALM HARBOR FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITILE **D** ☒ DELETE
NAME **MAUST, REON**
STREET ADDRESS **2006 CEMETARY RD**
CITY-ST-ZIP **HOLIDAY FL**

2.1 TITLE **T** ☐ Change ☒ Addition
2.2 NAME **BATEMAN, TROY**
2.3 STREET ADDRESS **5053 STARDAL DR**
2.4 CITY-ST-ZIP **HOLIDAY, FL 34690**

TITILE **S** ☒ DELETE
NAME **SHERWOOD, JERRY**
STREET ADDRESS **3586 ROLANDO DR**
CITY-ST-ZIP **PALM HARBOR FL**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **MCCARTHY, JIM**
3.3 STREET ADDRESS **1400 CLUB DR**
3.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITILE **D** ☐ DELETE
NAME **CLARK, JOE**
STREET ADDRESS **1120 MAYBURY**
CITY-ST-ZIP **HOLIDAY FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITILE **D** ☐ DELETE
NAME **CLARK, GREG**
STREET ADDRESS **1120 MAYBURY**
CITY-ST-ZIP **HOLIDAY FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITILE **P** ☐ DELETE
NAME **JOHNSON, CHAS. M.**
STREET ADDRESS **5102 ROANOKE DR**
CITY-ST-ZIP **HOLIDAY FL**

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:

Chas. M. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/96

813-937-5271
Daytime Phone #

CR2E037 (12/95)