

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90076 047 ****61.25

DOCUMENT # 730670

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/12/1974

4. FEI Number

59-2722093

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

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

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	D	<input type="checkbox"/> DELETE
NAME	HARRIS, ROY	
STREET ADDRESS	P.O. BOX 698, 297 N. MAYO	
CITY-ST-ZIP	CRYSTAL BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BATEMAN, TROY	
STREET ADDRESS	5053 STARDAL DRIVE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCARTHY, JIM	
STREET ADDRESS	1400 CLUB DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, JOE	
STREET ADDRESS	1120 MAYBURY	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAUST, REON	
STREET ADDRESS	2006 CEMETERY RD.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHNSON, CHAS. M.	
STREET ADDRESS	5102 ROANOKE DR	
CITY-ST-ZIP	HOLIDAY FL	

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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: Charles M. Johnson SIGNATURE REQUIRED CHARLES M. JOHNSON 3/17/99 727-937-5271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

007363

CR2E037 (11/98)