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 # 731764   (7)

1. Corporation Name

FIRST ASSEMBLY OF GOD CHURCH OF DEFUNIAK SPRINGS , INC.

Principal Place of Business	Mailing Address
1211 VAN BUREN DEFUNIAK SPRINGS FL 32433	1211 VAN BUREN DEFUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified	3a. Date of Last Report
01/29/1975	08/04/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2328319	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 28	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOTSON, RAINEY C RT. 3, BOX 26M DEFUNIAK SPRINGS FL 32433	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	
TITLE **D**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **DOTSON, RAINEY**		1.2 NAME	
STREET ADDRESS **RT. 3, BOX 26M**		1.3 STREET ADDRESS	
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**		1.4 CITY-ST-ZIP	
TITLE **ST**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **LORENZ, DONNA**		2.2 NAME	
STREET ADDRESS **RT. 1, BOX N670-4**		2.3 STREET ADDRESS	
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**		2.4 CITY-ST-ZIP	
TITLE **D**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **LORENTZ, KENNETH**		3.2 NAME	
STREET ADDRESS **RT 6 BOX 270**		3.3 STREET ADDRESS	
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**		3.4 CITY-ST-ZIP	
TITLE **D**	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **SHAW, JOHNNY ROLAND**		4.2 NAME	
STREET ADDRESS **U.S. 331 N.**		4.3 STREET ADDRESS	
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE *D* *LORENZ, JAMES*	☐ Change ☒ Addition
NAME		5.2 NAME *RT 1 BOX N670-4*	
STREET ADDRESS		5.3 STREET ADDRESS *Defuniak Springs FL*	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____   4-30-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (12/95)