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May 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 1211 VAN BUREN DEFUNIAK SPRINGS FL 32433  
Mailing Address: 1211 VAN BUREN DEFUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified: 01/29/1975  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 568 Van Buren Ave, Suite, Apt. #, etc. N/A, City & State: Defuniak Springs FL, Zip: 32433, Country: Walton  
2a. Mailing Address: 26 568 Van Buren Ave, Suite, Apt. #, etc. N/A, City & State: Defuniak Springs FL, Zip: 32433, Country: Walton  
4. FEI Number: 59-2328319-###, 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
DOTSON, RAINEY C  
RT. 3, BOX 26M  
DEFUNIAK SPRINGS FL 32433

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, NAME: DOTSON, RAINEY, STREET ADDRESS: RT. 3, BOX 26M, DEFUNIAK SPRINGS FL  
TITLE: ST, NAME: LORENZ, DONNA, STREET ADDRESS: RT. 1, BOX N670-4, DEFUNIAK SPRINGS FL  
TITLE: D, NAME: LORENTZ, KENNETH, STREET ADDRESS: RT 6 BOX 270, DEFUNIAK SPRINGS FL  
TITLE: D, NAME: LORENZ, JAMES, STREET ADDRESS: RT 1 BOX N670-4, DEFUNIAK SPRINGS FL  
TITLE: [DELETED]  
TITLE: [DELETED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP  
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP  
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP  
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP  
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP  
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 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: [Signature] REQUIRED 5-1-97 (904) 892-8036

CR2E037 (9/96)