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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90165 018 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732083**

1. Corporation Name  
**FIRST ASSEMBLY OF GOD OF CALLAHAN, INC.**

Principal Place of Business 1912 S. KINGS RD. CALLAHAN FL 32011 US	Mailing Address PO DRAWER O CALLAHAN FL 32011 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/07/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2065865
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HEALY, PAUL J., ESQ. 1830 ATLANTIC BLVD JACKSONVILLE FL 32218		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code 32207

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 *Paul J. Healy* PAUL J. HEALY, ESQUIRE DATE 2/8/99

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	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVEREAUX, MICHAEL	1.2 NAME	D KEARNS, FRANK
STREET ADDRESS	2612 KEME RD.	1.3 STREET ADDRESS	P.O. DRAWER AE
CITY-ST-ZIP	CALLAHAN FL	1.4 CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'QUINN, RICK	2.2 NAME	DAVIS, SCOTT
STREET ADDRESS	2596 MARLEE RD	2.3 STREET ADDRESS	4800 MAPLEWOOD COURT
CITY-ST-ZIP	CALLAHAN FL	2.4 CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	VTR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHINAZEE, HERBERT .W	3.2 NAME	WILSON, MARK
STREET ADDRESS	P.O. BOX 838 N/A	3.3 STREET ADDRESS	1935 HODGES ROAD
CITY-ST-ZIP	CALLAHAN FL	3.4 CITY-ST-ZIP	CALLAHN, FL 32011
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'QUINN, RICK	4.2 NAME	
STREET ADDRESS	2596 MARLEE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RUDY	5.2 NAME	
STREET ADDRESS	RT 2, BOX 233 F-3	5.3 STREET ADDRESS	
CITY-ST-ZIP	HILLIARD FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELF, SHERRIL	6.2 NAME	
STREET ADDRESS	P. O. BOX 247	6.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	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: *Herbert W. Phinazee* SIGNATURE REQUIRED Herbert W. Phinazee 2-2-99 (904) 879-1833

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

CR2E037 (11/98)