FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

OARLAND ASSEMBLY OF GOD CHURCH, INC.							
Principal Place of Business		Mailing Address					
117 JONOUILL AVE. FT. WALTON BEACH FL 32548		117 JONOUILL AVE. FT. WALTON BEACH FL 32548			3. Date Incorporated or Qualified 04/10/1975		
į						4. FEI Number Applied For	
						51-0189016 Not Applicable	
21	face of Business	2e. Mailing Address 26				5. Certificate of Status Desired Seried \$8.75 Additional Fee Required	
Suite, Apt. #, etc		Suite, Apt. #, etc.			i	Bection Campaign Financing Trust Fund Contribution Added to Fees	
City & State	e	City & State			7. Is this nonprofit corporation a homeowners association?		
23		28			☐ Yes ☑ No		
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	it Registered Agent		81 7	Name	10. Name and Address of New Registered Agent	
	<u></u>				ARILIA		
WEBSTER, JACK REV 149 AUDREY			[_1_	Street Addres	ss (P.O. Box Number is Not Acceptable)	
FT WAL	TON BCH FL 32548		[1	63			
			ľ	- 1	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the				ove-n	amed corpo	ration submits this statement for the purpose of changing its registered	
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							
SIGNATORE .	Signature, typed or printed name of registered age	ent and title if applicable (NOTE	Registered	Agent s	signature required	d when reinstating) DATE	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TATE	LE		Change Addition	
NAME	WEBSTER, REV JACK		1.2 NA	ME			
STREET ADDRESS	149 AUDREY		1.3 STR	REET AD	DRESS		
CITY-ST-ZIP	FT WALTON BCH, FL 00000			Y-ST-Z	ZIP		
TITLE	D	X DELETE	2.1 1111	LE		T X Change Addition	
NAME	4		2.2 NA	ME		DALEN, RONALD	
STREET ADDRESS	11 10TH AVE		2.3 \$TR	EET AD	DRESS	236 PLEASANT ST NW	
CITY-ST-ZIP	SHALIMAR FL			IY-ST-	ZIP	FT. WALTON BEACH, FL 32548	
TITLE	D	☐ DELETE	3.1 TITL	LE	į	☐ Change ☐ Addition	
NAME	SANDERS, RAY		3.2 NA				
STREET ADDRESS	905 SPRUCE COURT			REET AD	- 1		
CITY-ST-ZIP	FT WALTON BCH, FL 00000	- Pro-	_	IY-ST-	ZIP		
TITLE	 DOOG FOOT	DELETE	4.1 TITL			Change Addition	
NAME	ROSE, JESSIE		4. 2 NA				
STREET ADDRESS	718 MEADOW COURT			REET AD			
CITY-ST-ZIP	FT WALTON BEACH FL	T OF CASE	4.4 CIT	$\overline{}$	MP		
TITLE	D ALLYSED SESSOR	DELETE	5.1 YITL		1	HENRY T. SHERMAN	
NAME	MAYGER, GEORGE		5.2 NAA		ł	292 ECHO CIRCLE	
STREET ADDRESS				5.3 STREET ADDRESS		FT WALTON BEACH, FL 32548	
CITY-ST-ZIP	FT WALTON BEACH FL			Y-ST-Z	IP .		
TITLE	I MANUALIAN DAVID	TT DETEK	6.1 TITL			☐ Change ☐ Addition	
NAME	WILLIAMS, DAVID		6.2 NAA				
STREET ADDRESS	219 CARMEL DRIVE #34		6.3 STR		·		
CITY-ST-ZIP	FT WALTON BEACH FL		6.4 CITY	Y - ST - Z	IP .		

I hereby certify that the information supplied with this fitting 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.

REV. JACK W. WEBSTER, PASTOR

FILED

Apr 30 1998 8:00am

Secretary of State