FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **732484** **(1)**

1. Corporation Name

FIRST ASSEMBLY OF GOD, INC., OF TAVARES, FLORIDA

Principal Place of Business	Mailing Address
601 BARROW AVENUE **TAVARES FL 32778**	**601 BARROW AVENUE** **TAVARES FL 32778**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/17/1975**
3a. Date of Last Report: **04/14/1994**
4. FEI Number: **59-1704549** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SYMONDS, PHILIP A. **612 MADISON STREET** **TAVARES FL**	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DT**	11 TITLE	☐ Change ☐ Addition
NAME	**ROMAN, ALBYN L.**	12 NAME	
STREET ADDRESS	**5521 OAK ST.**	13 STREET ADDRESS	
CITY-ST-ZIP	**TANGERINE FL**	14 CITY-ST-ZIP	
TITLE	**D**	21 TITLE	☐ Change ☐ Addition
NAME	**HOFFER, DIRK**	22 NAME	
STREET ADDRESS	**20 1/2 S MARY ST**	23 STREET ADDRESS	
CITY-ST-ZIP	**EUSTIS FL**	24 CITY-ST-ZIP	
TITLE	**P**	31 TITLE	☐ Change ☐ Addition
NAME	**SYMONDS, PHILIP A.**	32 NAME	
STREET ADDRESS	**612 MADISON ST.**	33 STREET ADDRESS	
CITY-ST-ZIP	**TAVARES FL**	34 CITY-ST-ZIP	
TITLE	**DS**	41 TITLE	☐ Change ☐ Addition
NAME	**BEAULIEU, PERCY**	42 NAME	
STREET ADDRESS	**10826 LAKE HARRIS CIR.**	43 STREET ADDRESS	
CITY-ST-ZIP	**TAVARES FL**	44 CITY-ST-ZIP	
TITLE	**D**	51 TITLE	☐ Change ☐ Addition
NAME	**MYATT, JEFF**	52 NAME	
STREET ADDRESS	**1010 N. CLAYTON ST.**	53 STREET ADDRESS	
CITY-ST-ZIP	**MT. DORA FL**	54 CITY-ST-ZIP	
TITLE	**D**	61 TITLE	☐ Change ☐ Addition
NAME	**STORMAN, ROBERT**	62 NAME	
STREET ADDRESS	**20 S MARY ST**	63 STREET ADDRESS	
CITY-ST-ZIP	**EUSTIS FL**	64 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)(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: Philip A. Symonds 4/30/95 904-343-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000001370