

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 # 732484 (1)
1. Corporation Name
FIRST ASSEMBLY OF GOD, INC., OF TAVARES, FLORIDA



Principal Place of Business
601 BARROW AVENUE
TAVARES FL 32778

Mailing Address
601 BARROW AVENUE
TAVARES FL 32778

3. Date Incorporated or Qualified 04/17/1975	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1704549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SYMONDS, PHILIP A.
612 MADISON STREET
TAVARES FL

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	DT	<input checked="" type="checkbox"/> DELETE
NAME	ROMAN, ALBYN L.	
STREET ADDRESS	5521 OAK ST.	
CITY-ST-ZIP	TANGERINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOFFER, DIRK	
STREET ADDRESS	20 1/2 S MARY ST	
CITY-ST-ZIP	EUSTIS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SYMONDS, PHILIP A.	
STREET ADDRESS	612 MADISON ST.	
CITY-ST-ZIP	TAVARES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BEAULIEU, PERCY	
STREET ADDRESS	10826 LAKE HARRIS CIR.	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MYATT, JEFF	
STREET ADDRESS	1010 N. CLAYTON ST.	
CITY-ST-ZIP	MT. DORA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STORMAN, ROBERT	
STREET ADDRESS	20 S MARY ST	
CITY-ST-ZIP	EUSTIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25 1996 352-343-2622

CR2E037 (12/95)