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**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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**

4. FEI Number: **59-1704549**

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21 3701 N. Eichelberger Rd.**

2a. Mailing Address: **28 3701 N. Eichelberger Rd.**

City & State: **23 Tavares, FL**

City & State: **27 Tavares, FL**

Zip: **24 32778**

Country: **25 Lake**

Country: **29 32778**

Country: **30 Lake**

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code: **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]* **PRESIDENT** **Feb 25* 98**

(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SYMONDS, PHILIP A.	
STREET ADDRESS	612 MADISON ST.	
CITY-ST-ZIP	TAVARES FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BEAULIEU, PERCY	
STREET ADDRESS	10826 LAKE HARRIS CIR.	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MYATT, JEFF	
STREET ADDRESS	1010 N. CLAYTON ST.	
CITY-ST-ZIP	MT. DORA FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	STORMAN, ROBERT	
STREET ADDRESS	20 S MARY ST	
CITY-ST-ZIP	EUSTIS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	Hoffer, Dirk Jr.	
STREET ADDRESS	2005 Morris	
CITY-ST-ZIP	Eustis FL 32726	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Whitehead, James	
STREET ADDRESS	1270 Cedar Ave. Tavares, FL 32778	
CITY-ST-ZIP		

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 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]* **PRESIDENT** **Feb 25* 98** **352 312-2122**

CPRE037 (10/97)