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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 734282 (7)

1. Corporation Name

ARLINGTON ASSEMBLY OF GOD, INC.



Principal Place of Business

Mailing Address

88 ARLINGTON ROAD
JACKSONVILLE FL 32211

88 ARLINGTON ROAD
JACKSONVILLE FL 32211-7804

3. Date Incorporated or Qualified
11/10/1975

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1512672

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARREN, JULIAN
345 E FORSYTH ST
JACKSONVILLE 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME MORRISON, WILLIAM
STREET ADDRESS 11559 STARBOARD DR.
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.1 TITLE VPD
1.2 NAME RAWLS, ROBERT
1.3 STREET ADDRESS 632 Barbados Road
1.4 CITY-ST-ZIP Jacksonville, FL 32216

TITLE DP
NAME GOSNEL, WELDON
STREET ADDRESS 3838 MANOR OAKS DR.
CITY-ST-ZIP JACKSONVILLE, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME ENGLISH, KENNETH
STREET ADDRESS 7846 LISA CT
CITY-ST-ZIP JACKSONVILLE, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME MORRISON, VIRGINIA
STREET ADDRESS 11559 STARBOARD DR.
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE S
4.2 NAME MILLER, THOMAS
4.3 STREET ADDRESS 3043 Sans Pareil Street
4.4 CITY-ST-ZIP Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

William Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-97

904-724-7466

CR2E037 (9/96)