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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734282

1. Corporation Name

ARLINGTON ASSEMBLY OF GOD, INC.

Principal Place of Business

**88 ARLINGTON ROAD
JACKSONVILLE FL 32211**

Mailing Address

**88 ARLINGTON ROAD
JACKSONVILLE FL 32211**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/10/1975

4. FEI Number

59-1512672

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**WARREN, JULIAN
345 E FORSYTH ST
JACKSONVILLE FL**

10. Name and Address of New Registered Agent

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

TITLE **VPD** ☐ DELETE

NAME **GIBBS, GILBERT**
STREET ADDRESS **1309 TRAILWOOD CT**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **DP** ☐ DELETE

NAME **CROOK, RICK E**
STREET ADDRESS **4026 SBEL DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **TS** ☐ DELETE

NAME **MILLER, THOMAS**
STREET ADDRESS **3043 SANS PAREIL STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VPD** ☒ Change ☐ Addition

1.2 NAME **William Morrison**
1.3 STREET ADDRESS **4917 Top Royal**
1.4 CITY-ST-ZIP **Jacksonville, FL 32277**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Miller, Thomas**
3.3 STREET ADDRESS **3043 Sans Pareil St.**
3.4 CITY-ST-ZIP **Jacksonville, FL 32246**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **S Courson, Thelma**
4.3 STREET ADDRESS **6416 Lenczyk Dr.**
4.4 CITY-ST-ZIP **Jacksonville, FL 32277**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

March 9, 1999 904-724-7466

Date

Daytime Phone #

CR2E037 (1/98)