


FILE NOW: FILING FEE IS \$61.25

"AMENDED RETU

FILED

Mar 18 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 # 743165 1. Corporation Name ASSEMBLY OF FREE WORSHIP INCORPORATED			
Principal Place of Business 12001 Big Bend Road Riverview, FL 33569		Mailing Address P O Box 1758 Riverview, FL 33569	
2. Principal Place of Business 21 12001 Big Bend Road Suite, Apt. #, etc. 22 City & State 23 Riverview, FL 33569 Zip 24 33569		2a. Mailing Address 25 P O Box 1758 Suite, Apt. #, etc. 26 City & State 27 Riverview, FL 33569 Zip 28 33569	
3. Date Incorporated or Qualified 06/08/1978		4. FEL Number 59-1836019	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Gayle C. Holmes 8616 Wickline Dr./P O Box 1758 Riverview, FL 33569		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 <i>Gayle C. Holmes</i> Gayle C. Holmes - President (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gayle C. Holmes	12 NAME	
STREET ADDRESS	8616 Wickline Dr./P O Box 1758	13 STREET ADDRESS	
CITY - ST - ZIP	Riverview, FL 33569	14 CITY - ST - ZIP	
TITLE	Chairman/Director <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Bateman	22 NAME	
STREET ADDRESS	12201 Shelby Drive	23 STREET ADDRESS	
CITY - ST - ZIP	Riverview, FL 33569	24 CITY - ST - ZIP	
TITLE	Secretary/Treasurer <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynelle Rauh	32 NAME	
STREET ADDRESS	16502 Alsenman Turner Rd	33 STREET ADDRESS	
CITY - ST - ZIP	Balm, FL 33503	34 CITY - ST - ZIP	
TITLE	Director <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Lacey	42 NAME	
STREET ADDRESS	4508 Ryals Rd.	43 STREET ADDRESS	
CITY - ST - ZIP	Zephyrhills, FL 33541	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: <i>Gayle C. Holmes</i> 3/12/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (10/97)