FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 743165 1. Corporation Name

ASSEMBLY OF FREE WORSHIP INCORPORATED

FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90108 040 ****61.25

Principal Place	e of Business	Mailing Address						
12001 BIG BEND ROAD RIVERVIEW FL 33569		P.O. BOX 3382 RIVERVIEW FL 33569						
	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 06/08/1978		
21	4 -1-	Suite, Apt. #, etc.				4. FEI Number	Anr	olied For
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.				59-1836019		Applicable
City & State		City & State				_	\$8.75 A	
23		28				5. Certifcate of Status Desired	Fee Red	quired
Zip	Country	Zip Country				6. Election Campaign Financing	\$5.00	May Be
24	25 2930					Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	
			1	B1	Name			
WATSON,	GEORGE	1			Street Add	iress (P.O. Box Number is Not Acceptable)		
12214 BEG								
RIVERVIEV	V FL 33569		1	B3				İ
			1	84	City	F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes	s, the abo	ove.	named cor	noration submits this statement for the purpose	of changing its	registered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was aut	inonzea i	Dy ເ	he corporat	ion's board of directors. I hereby accept the app	ointment as reg	jistered
SIGNATURE						nad when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis					signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE		D DIRECTORS DELETE	13. 1.1 πτμ		1-7	- PARKER D	Change	Addition
**	PD MATCON CEORCE II		1.2 NAM		}	LOOS SPOTTSWOOD D Werview FloriDA	Rive	
NAME	WATSON, GEORGE II			-	ADDRESS &	WERVIEW FLORIDA	37510	
STREET ADDRESS	12214 DEGRA DIRVE		1.4 CITY				33367	
CITY-ST-ZIP	TD	☐ DELETE	2.1 TITLE			D	☐ Change	Addition
NAME	PASSINAULT, BRUCE		2.2 NAME		à	BARBARA PANNY		
STREET ADDRESS	PAGGINADEI, BITOCE		2.3 STR	EET/	ADDRESS.	DOLL GORDON RIV.		
CITY-ST-ZIP				Y-ST		RIVERVIEW FLORID	A 335	569
TITLE			3.1 TITL	E			Change	Addition
NAME	WATSON, KALA		3.2 NAM	Æ				
STREET ADDRESS	12214 BEGIN DRIVE		3.3 STR	EET	ADDRESS	•		
CITY-ST-ZIP	RIVERVIEW FL 33569		3.4. CfT	Y-51	-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	CD	DELETE	4.1 TITL	.E			☐ Change	Addition
NAME	Burnham, Troy		4. 2 NA	ME				
STREET ADDRESS	12112 BAYTREE DRIVE		4.3 STR	EET	ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL 33569		4.4 CfTY		-ZiP	· · · · · · · · · · · · · · · · · · ·	C	- Addition
TITLE	D	DELETE	5.1 TITL				Change	Addition
NAME	MYERS, FRANKIE		5.2 NAM					
STREET ADDRESS.	12506 ELNORA DRIVE				ADDRESS			
CITY-ST-ZIP	RIVERVIEW CA 33569		5.4 CITY 6.1 TITL		-ZIP		Change	Addition
TITLE		☐ OELETE			}		. Linaide	- Addition
NAME			6.2 NAM		400000			
STREET ADDRESS			6.3 STR	CEET.	ADDRESS			1

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.

813-677-0126