


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 746298 (9)
1. Corporation Name
CENTRAL ASSEMBLY OF GOD OF AUBURDALE, INC.



Principal Place of Business 601 LEMON ST. P.O. BOX 668 AUBURDALE FL 33823	Mailing Address 601 LEMON ST. P.O. BOX 668 AUBURDALE FL 33823
---	---

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 03/19/1979	
4. FEI Number 59-1859744	Applied For <input type="checkbox"/> Not Applicable
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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent DONAHUE, JOHN P 156 ABUNDANT LIFE DRIVE AUBURDALE FL 33823		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FOX, DIANE	1.2 NAME		
STREET ADDRESS 2260 PALMVIEW AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP AUBURDALE FL	1.4 CITY-ST-ZIP		
D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GILMORE, J EARL	2.2 NAME		
STREET ADDRESS 1206 SUSAN LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP AUBURDALE, FL 00000	2.4 CITY-ST-ZIP		
DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME REED, CLARENCE	3.2 NAME		
STREET ADDRESS 495 WINONA AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP LAKE ALFRED FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input type="checkbox"/> DELETE	4.1 TITLE		
NAME SMITH, RAY	4.2 NAME		
STREET ADDRESS 1207 BURLINGTON COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP AUBURDALE FL	4.4 CITY-ST-ZIP		
D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ALBRITTON, ORAIN	5.2 NAME		
STREET ADDRESS RT 1 BOX 585	5.3 STREET ADDRESS		
CITY-ST-ZIP AUBURDALE FL	5.4 CITY-ST-ZIP	455 Plymouth Road	
P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DONAHUE, JOHN P	6.2 NAME		
STREET ADDRESS 156 ABUNDANT LIFE DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP AUBURDALE FL	6.4 CITY-ST-ZIP	Auburndale, Florida 33823	

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: *Diane & Fox* 5/13/98 (900) 967-7876

CR2E037 (10/97)