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Secretary of State

03-09-1999 90110 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 746298					
1. Corporation Name CENTRAL ASSEMBLY OF GOD OF AUBURNDALE, INC.					
Principal Place of Business 601 LEMON ST. P.O. BOX 668 AUBURNDALE FL 33823			Mailing Address 601 LEMON ST. P.O. BOX 668 AUBURNDALE FL 33823		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/19/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1859744	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DONAHUE, JOHN P 156 ABUNDANT LIFE DRIVE AUBURNDALE FL 33823				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	T <input type="checkbox"/> DELETE	1.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, DIANE	1.2 NAME	Zampini, William
STREET ADDRESS	2260 PALMVIEW AVENUE	1.3 STREET ADDRESS	132 Owen Circle S.
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	Auburndale, Florida 33823
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILMORE, J EARL	2.2 NAME	Navak, Dave
STREET ADDRESS	1206 SUSAN LANE	2.3 STREET ADDRESS	305 Van Lake Blvd.
CITY-ST-ZIP	AUBURNDALE, FL 00000	2.4 CITY-ST-ZIP	Auburndale, Florida 33823-
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE, PATRICIA D	3.2 NAME	
STREET ADDRESS	156 ABUNDANT LIFE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RAY	4.2 NAME	
STREET ADDRESS	1207 BURLINGTON COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRITTON, ORAIN	5.2 NAME	
STREET ADDRESS	455 PLYMOUTH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	5.4 CITY-ST-ZIP	
TITLE	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	AUBURNDALE FL	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:

Patricia D. Donahue
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Patricia D. Donahue
 Date

3-29-99 (941) 967-2876
 Daytime Phone

CR2E037 (11/98)