FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #
1. Corporation Name

JAY FIRST ASSEMBLY OF GOD CHURCH, INC.										
Principal Place of Business		Mailing Address								
107 WILLIAM AVE & HWY 89 P.O. BOX 550 JAY FL 32565		107 WILLIAM AVE & HM P.O. BOX 550 JAY FL 32565-0550	/Y 89							
							3. Date Incorporated or Qualified 04/04/1979	3a. Date 0 0	of Last Re 6/20/19	3port 96
Principal Place of Business		2a. Mailing Address 26				4. FEI Number Applied For S9-1876456 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	<u> </u>	\$8.75 A Fee Re		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip	Gount 30				This corporation has liability for in Florida Statutes	tangible tax		199.032,
9, Name and Address of Curren							10. Name and Address of New Registered Agent			
				81	Name		-	<u> </u>		
MANES	LARRY M			80	Chunnal	6 al al	/D.O. Day Niveshay is Not Assembly			
HWY 17				82	Street	Address	(P.O. Box Number is Not Acceptable	θ)		
JAY FL				83			· · · · · · · · · · · · · · · · · · ·			
				84	City			ᅡᇉᆝ	85 Zip (
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida Stat	utes, the	above	-named	corpora	ation submits this statement for the pu 's board of directors. I hereby accept	rpose of ch	anging its	registered
agent. I a	m familiar with, and accept the ob	oligations of, Section 617.0503,	Florida Si	tatutes	ino con	poration	a board of directors. This objector	тио арроп	morn do	ogiotoroa
SIGNATURE										
					nt signature	y bariuper e	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DQ AND D	DECTOR	C IN 12
12.	P	DELETE		13. 1.1 THTLE		1	ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	PETTIS, LOUIE D.			NAME				_	,	
STREET ADDRESS			•	1.3 STREET ADORESS						
CITY-ST-ZIP	JAY FL			1.4 CITY-ST-ZIP						
TITLE	TSD DELETE			2.1 TITLE		 			Change	Addition
NAME	JONES, LARRY M		2.2	2.2 NAME						.—
STREET ADDRESS	HWY 178 POB 392			2.3 STREET ADDRESS						
CITY-ST-ZIP	JAY FL	3		2. 4 City-St-ZiP						
TITLE	· · · · · · · · · · · · · · · · · · ·	VD L*DELETE		TITLE		VD	•		Change	X Addition
NAME		TOMPKINS, WILSON A		3.2 NAME J (Josi	EPH L. WILLIAMS			
STREET ADDRESS	RT. 3 BOX 89		3.3							
CITY-ST-ZIP						10779	5 CHUMUCKLA HWY.			
TITLE	MILIUN PL		3.4	I. CITY - S		PAC	5 CHUMUCKLA HWY. E, FL 32571			
IIILE	MILTON FL D	□ X DELETE		I. CITY-S	T-ZIP	PAC	E, FL 32571	K	Change	Addition
NAME	D	■ DELETE	4.1		T-ZIP	TOM	E, FL 32571 PKINS, WILSON A.	K	Change	Addition
		□X DELETE	4.1 4. 2	TITLE 2 NAME	T-Z(P D –	TOM:	E, FL 32571 PKINS, WILSON A. 6 DELOACH LN.	K	Change	Addition
NAME	D Walther, Luke	_	4.1 4.3 4.3	TITLE 2 NAME	T-ZIP D- ADDRESS	TOM:	E, FL 32571 PKINS, WILSON A.	K	Change	
NAME STREET ADDRESS	D Walther, Luke Rt. 3 Box 117	☐ DELETE	4.1 4.3 4.4	TITLE 2 NAME 3 STREET	T-ZIP D- ADDRESS	TOM:	E, FL 32571 PKINS, WILSON A. 6 DELOACH LN.		Change	☐ Addition☐ Addition☐
NAME STREET ADDRESS CITY-ST-ZIP	D Walther, Luke Rt. 3 Box 117	_	4.1 4.3 4.3 4.4 5.1	I TITLE 2 NAME 3 STREET 1 CITY-SI	T-ZIP D- ADDRESS	TOM:	E, FL 32571 PKINS, WILSON A. 6 DELOACH LN.			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Walther, Luke Rt. 3 Box 117	_	4.1 4.2 4.3 4.4 5.1 5.2	TITLE NAME STREET CITY-ST TITLE NAME	T-ZIP D- ADDRESS	TOM:	E, FL 32571 PKINS, WILSON A. 6 DELOACH LN.			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walther, Luke Rt. 3 Box 117	DELETE	4.1 4.3 4.4 5.1 5.2 5.3 5.4	TITLE 2 NAME 3 STREET 4 CITY-SI TITLE 2 NAME 9 STREET	D- ADDRESS 1-ZIP ADDRESS	TOM:	E, FL 32571 PKINS, WILSON A. 6 DELOACH LN.] Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Walther, Luke Rt. 3 Box 117	_	4.1 4.2 4.3 4.4 5.1 5.2 5.3 6.4	TITLE 2 NAME 3 STREET 4 CITY-SI 1 TITLE 2 NAME 3 STREET 4 CITY-SI 1 TITLE	D- ADDRESS 1-ZIP ADDRESS	TOM:	E, FL 32571 PKINS, WILSON A. 6 DELOACH LN.			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walther, Luke Rt. 3 Box 117	DELETE	4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1	TITLE 2 NAME 3 STREET 4 CITY-SI TITLE 2 NAME 5 STREET 4 CITY-SI TITLE 2 NAME	D- ADDRESS 1-ZIP ADDRESS	TOM:	E, FL 32571 PKINS, WILSON A. 6 DELOACH LN.] Change	☐ Addition

14. I do 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 of on an attachment with an address.

FILED

Jun 30 1997 8:00am

Secretary of State