

FILE NOW: FILING FEE IS \$61.25

FILED
Sep 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746609** (7)

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 & HWY 89 P.O. BOX 550 JAY FL 32565

3. Date Incorporated or Qualified

04/04/1979

4. FEI Number

59-1876456

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JONES, LARRY M
HWY 178
JAY FL 32565**

10. Name and Address of New Registered Agent

81 **Pettis, Louie D.**
82 Street Address P.O. Box Number is Not Applicable
83 **205 Mildred St.**
84 **Jay** FL 85 Zip Code **32565**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/18/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PETTIS, LOUIE D.	
STREET ADDRESS	205 MILDRED ST.	
CITY-ST-ZIP	JAY FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	JONES, LARRY M	
STREET ADDRESS	HWY 178 POB 392	
CITY-ST-ZIP	JAY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOSEPH L WILLIAMS	
STREET ADDRESS	8595 CHUMUCKLA HWY	
CITY-ST-ZIP	PACE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOMPKINS, WILSON A	
STREET ADDRESS	3276 DELOACH LN	
CITY-ST-ZIP	MILTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TSD Weaver, Maury
2.3 STREET ADDRESS	606 Garrett St.
2.4 CITY-ST-ZIP	Brewton, AL 36426
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Walther, Luke
4.3 STREET ADDRESS	11361 Hwy. 87 N
4.4 CITY-ST-ZIP	Milton, FL 32570
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 any attachment with an address.

SIGNATURE *[Signature]* 9/18/98 (850) 675-1819

CR2E037 (10/97)