## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

2. Principal Place of Business

REGISTER, ANDREW

2808 KINGSWAY ROAD

SEFFNER FL 33584-5520

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

746789

(7)

Mailing Address

26

28

29

Zip

2008 KINGSWAY-ROAD

P.O. BOX 776

Suite, Apt. #, etc.

City & State

Dones Fla 33527

THE KINGSWAY FIRST CHURCH OF GOD, INC.

Country

9. Name and Address of Current Registered Agent

25

	F	ILED	
May	19	1998	8:00am
Sec	ret	ary of	State

3.	Date Incorporated or Qualified	 
	04/19/1979	 
4.	FEI Number	 Applied For

Yes 🔀 No

☐ Yes

813-659-1208

7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year Intangible

Not Applicable

\$8,75 Additional

Fee Required

\$5.00 May Be

Added to Fees

59-3115208

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

82 Street Address (P.O. Box Number is Not Acceptable)

15440 CARUTHERS RD		L.									
		83	1								
			84	City	85 Zip Code						
			04	City	FL 85 Zip Code	ď					
11. Pursuant	to the provisions of Sections 617.0502 and 617.1508	, Florida Statutes, th	e abov	e-namec	corporation submits this statement for the purpose of changing its re-	gistered					
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 regulared when reinslating) DATE											
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112					
TITLE	D	DELETE	.1 TITLE		Change	Addition					
NAME	THRASHER, EDWARD		.2 NAME			ŀ					
STREET ADDRESS	1708 E. WHEELER RD	1	.3 STREE	T ADDRESS		j					
CITY-ST-ZIP	SEFFNER FL		.4 CITY-	ST-ZIP		J					
TITLE	D	1 2 2 2 2 2	1 TITLE		Change L	Addition					
NAME ]	D FEDDERSTR, EDNA	_				1					
STREET ADDRESS			.3 STREE	T ADDRESS							
CITY-ST-ZIP	SPANISON SI		. 4 City-	ST-ZIP	ĺ						
TITLE	D	DELETE :	1 TALE		☐ Change ☐	Addition					
NAME	TEW, JOSEPHINE	:	2 NAME			Ì					
STREET ADDRESS	13315 LOUIS GALLAGHER ROAD		.a stree	T ADDRESS		l					
CITY-ST-ZIP	DOVER FL	:	4. CITY-	ST-ZIP							
TITLE		DELETE	I.1 TITLE		Blausier Henry R. Change B P.O. BOX 55 NA Sydney, Fla 33587	Addition					
NAME			. 2 NAME		Glausier Menry	1					
STREET ADDRESS		1.	3 STREE	T ADDRESS	P.O. BOX 55 NA	- [					
CITY-ST-ZIP			.4 CITY-	ST-ZIP	Sydney, Fla 33587						
TITLE		DELETE	.1 TITLE		☐ Change ☐	Addition					
NAME			.2 NAME			ŀ					
STREET ADDRESS			.3 STREE	T ADDRESS							
CITY-ST-ZIP			4 CITY-	ST-ZIP							
TITLE		DELETE	1 TITLE		Change	Addition					
NAME	1		.2 NAME			1					
STREET ADDRESS	•		.3 STREE	T ADDRESS		ļ					
CITY-ST-ZIP			.4 CITY -								
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 of 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.											

Country

81

30