FILE NOW: FILING FEE IS \$61.25

SIGNATURE:

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE May 27 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State *DIVISION OF CORPORATIONS 1997 DOCUMENT # DeLand Gospel Assembly, Inc. Mailing Address Anthony Orsini 36 Virginia Auc DeLand, FL 32724 Principal Place of Business 109 E. Rosehill Ave DeLand, FL 32724-2345 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation has fiability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Anthony Orsini Street Address (P.O. Box Number is Not Acceptable) 36 VIY911114 AUC 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 life if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.170116 TITLE Orsini, Anthony 36 Virginia Ave. Detant, FL 32724 NAME 1.2 NAME STREET ADDRESS 1 3 STREET ADDRESS 14 CITY - ST - ZIP CITY-ST-ZIP Hutton, Brady 40549 PLYMouth Circle DVS UMATILLA, FL Change Addition TITLE 2.1 JULE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-7IP Addition Change HAAN, Ervin Ji 6850 N. COCOA Blud, # 505 COCOA, FL. TITLE 3.1 1111.6 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - 7IP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 10118 NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C/TY+ST-ZIP City-St-ZIP DELETE ☐ Addition 6.1 TITLE NAME 6.2 NAML STREET ADDRESS E.3 STREET ADDRESS ***61.25 CITY-ST-ZIP 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, or on an attachment with an address.