

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 764276 (2)

1. Corporation Name
THE ENGLEWOOD ASSEMBLY OF GOD, INCORPORATED



| | |
|--|--|
| Principal Place of Business HE) 240 NO PINE ST ENGLEWOOD FL 34223 | Mailing Address HE) 240 NO PINE ST ENGLEWOOD FL 34223 |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/23/1982 | |
| 4. FEI Number 65-0099810 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| |
|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

STEELE, DONALD R
200 NORTH PINE ST
BOX 10
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

| |
|---|
| 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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | STEELE, DONALD R | |
| STREET ADDRESS | 200 NORTH PINE ST., BOX 10 | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BRINCKMAN, RAY | |
| STREET ADDRESS | 5396 CHARD TERRACE | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | RUCKMAN, MELVIN | |
| STREET ADDRESS | 674 ROTONODA CIR. | |
| CITY-ST-ZIP | ROTONODA WEST FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | BUEL, WAYNE | |
| STREET ADDRESS | 110 SYLVANIA AVE. | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KONOPASEK, RAY | |
| STREET ADDRESS | 1130 SOUTH LANE | |
| CITY-ST-ZIP | ENGLEWOOD, FL 00000 | |
| 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 | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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 an attachment with an address.

SIGNATURE: *Donald R Steele* **Donald R STEELE** 3/15/98 911-474-7187

CFR2E037 (10/97)