

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gerald R. Murphy
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # N04406 (7)

FIRST INTERNATIONAL GOSPEL ASSEMBLIES CHURCH, INC.

APPROVED
1995

9:15

DO NOT WRITE IN THESE SPACES

Principal Place of Business

Mailing Address

2554 OVERLAND ROAD
APOPKA FL 32703-9463

2554 OVERLAND ROAD
APOPKA FL 32703-9463

3. Date Incorporated or Qualified

07/27/1984

3a. Date of Last Report

01/24/1994

4. FEI Number

59-2520806

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 194.032,
Florida Statutes

☐ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, MARGARET M.
2454 OVERLAND RD.
APOPKA FL 32703

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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

POWELL, MARGARET M.

STREET ADDRESS

2554 OVERLAND RD.

CITY, ST, ZIP

APOPKA FL

11. TITLE

☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

NAME

TD

STREET ADDRESS

1632 GRAND STREET

CITY, ST, ZIP

ORLANDO FL

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

TITLE

SD

NAME

HOERNER, MILDRED

STREET ADDRESS

3685 YOSEMITE DR

CITY, ST, ZIP

ORLANDO FL

31. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(b)(6), 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 liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE:

Margaret M. Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET M. POWELL

Date

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