FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13738 (2)

1. Corporation Name

SPRINGHEAD ASSEMBLY OF GOD, INC.

Principal Place of Business	*Mailing Address*
~~SPRINGHILL~~ ASSEMBLY OF GOD 6637 COUNTY LINE RD. PLANT CITY FL 33567 US	SPRINGHILL ASSEMBLY OF GOD 6637 COUNTY LINE RD. PLANT CITY FL 33567 US

3. Date Incorporated or Qualified: 02/28/1986

4. FEI Number: 59-2509313 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: SPRINGHEAD ASSEMBLY OF GOD INC
22: Suite, Apt. #, etc.
23: City & State
24: Zip 25: Country

2a. Mailing Address
26: Suite, Apt. #, etc.
27: City & State
28: Zip 29: Country 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

HONAKER, JOHNNY L.
6637 COUNTY LINE RD
PLANT CITY FL 33567

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HONAKER, JOHNNY L		1.2 NAME	
STREET ADDRESS	6637 COUNTRYLINE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, STEVE		2.2 NAME	
STREET ADDRESS	1196 THOMASVILLE CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	
TITLE	TSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FLIZHMAN, ROGER		3.2 NAME	
STREET ADDRESS	17 CHESTNUT DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CONNELL, BRIAN		4.2 NAME	
STREET ADDRESS	4633 CASTLEWOOD RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, ROGER		5.2 NAME	
STREET ADDRESS	3301 E TRAPNELL RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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: John L Honaker 5-22-98 (813) 754-6089