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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15421 (3)
1. Corporation Name
ARCADIA GOSPEL ASSEMBLY, INC.

Principal Place of Business 1528 NE TURNER AVENUE ARCADIA FL 33821 US	Mailing Address 1312 7TH AVE E BRADENTON FL 34208-2202 US
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21 2. Principal Place of Business 1528 N.E. Turner RD.	2a. Mailing Address P.O. BOX 2545
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State ARCADIA, FL.	28 City & State ARCADIA, FL.
24 Zip 34266	29 Zip 34265
25 Country US	30 Country US

3. Date Incorporated or Qualified 06/16/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2691657	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STEWART, THOMAS W.
406 13TH STREET WEST
BRADENTON FL 33505**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCM	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, TERRY J	
STREET ADDRESS	1312 7TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VM	<input checked="" type="checkbox"/> DELETE
NAME	MARLOW, JOHN P	
STREET ADDRESS	1218 7TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	ZONNEVELD, JOHN J	
STREET ADDRESS	151 ALPINE CIRCLE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JESS W	
STREET ADDRESS	1034 SE FIRST AVENUE	
CITY-ST-ZIP	ARCADIA/FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, CARL K	
STREET ADDRESS	2121 8TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, DEBORAH A.	
STREET ADDRESS	1312 7TH AVE E	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PCM
1.3 STREET ADDRESS	WHITWORTH, JOHN W. SR.
1.4 CITY-ST-ZIP	1528 N.E. Turner Rd.
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ARCADIA, FL. 34266
2.3 STREET ADDRESS	VMD
2.4 CITY-ST-ZIP	MARLOW, JOHN P.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1218 7th Ave
3.3 STREET ADDRESS	BRADENTON, FL.
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STOD
6.3 STREET ADDRESS	BRENDA WHITWORTH
6.4 CITY-ST-ZIP	1528 N.E. Turner Rd.
	ARCADIA, FL. 34266

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____ (941)

CR2E037 (9/96)