

FILE NOW: FILING FEE IS \$61.25

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May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**

3. Date Incorporated or Qualified **06/16/1986** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 21 <b>1528 N.E. Turner RD.</b> Suite, Apt. #, etc. 22 City & State 23 <b>ARCADIA, FL.</b> Zip 24 <b>34266</b>	2a. Mailing Address 26 <b>P.O. BOX 2545</b> Suite, Apt. #, etc. 27 City & State 28 <b>ARCADIA, FL.</b> Zip 29 <b>34265</b>	4. FEI Number <b>59-2691657</b> Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, THOMAS W.  
406 13TH STREET WEST  
BRADENTON FL 33505**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCM	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRISON, TERRY J</b>	1.2 NAME	<b>PCM</b>
STREET ADDRESS	<b>1312 7TH AVENUE EAST</b>	1.3 STREET ADDRESS	<b>WHITWORTH, JOHN W. SR.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	1.4 CITY-ST-ZIP	<b>1528 N.E. Turner Rd.</b>
TITLE	VM	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARLOW, JOHN P</b>	2.2 NAME	<b>ARCADIA, FL. 34266</b>
STREET ADDRESS	<b>1218 7TH AVENUE EAST</b>	2.3 STREET ADDRESS	<b>VMD</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	2.4 CITY-ST-ZIP	<b>MARLOW, JOHN P.</b>
TITLE	TR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZONNEVELD, JOHN J</b>	3.2 NAME	<b>1218 7th Ave</b>
STREET ADDRESS	<b>151 ALPINE DRIVE EAST</b>	3.3 STREET ADDRESS	<b>BRADENTON, FL.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	3.4 CITY-ST-ZIP	
TITLE	TR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, JESS W</b>	4.2 NAME	
STREET ADDRESS	<b>1034 SE FIRST AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARCADIA/FL</b>	4.4 CITY-ST-ZIP	
TITLE	TR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, CARL K</b>	5.2 NAME	
STREET ADDRESS	<b>2121 8TH AVE. W.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRISON, DEBORAH A.</b>	6.2 NAME	<b>STOD</b>
STREET ADDRESS	<b>1312 7TH AVE E</b>	6.3 STREET ADDRESS	<b>BRENDA WHITWORTH</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	6.4 CITY-ST-ZIP	<b>1528 N.E. Turner Rd.</b>

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.

CR2E037 (9/96)