

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 22 1998 8:00am
Secretary of State

001001

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 34266
US

Mailing Address

P.O. BOX 2545
ARCADIA FL 34265
US

3. Date Incorporated or Qualified

06/16/1986

4. FEI Number

59-2691657

Applied For

Not Applicable

2. Principal Place of Business

21 ARCADIA GOSPEL ASSEMBLY

22 1528 NE TURNER AVE

23 ARCADIA FLA.

24 34265

2a. Mailing Address

26 ARCADIA GOSPEL ASSEMBLY

27 P.O. BOX 2545

28 ARCADIA FLA.

29 34265

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCMD
NAME WHITWORTH, JOHN W SR.
STREET ADDRESS 1528 N.E. TURNER RD
CITY-ST-ZIP ARCADIA FL

TITLE VMD
NAME MARLOW, JOHN P
STREET ADDRESS 1218 7TH AVE.
CITY-ST-ZIP BRADENTON FL

TITLE STD
NAME WHITWORTH, BRENDA
STREET ADDRESS 1528 N.E. TURNER RD.
CITY-ST-ZIP ARCADIA FL

TITLE ~~SECRETARY~~
NAME ~~ATKINSON, JARRELL~~
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JARRELL ATKINSON
1.2 NAME 6908-13TH AVE-EAST
1.3 STREET ADDRESS BRADENTON FLA. 34208
1.4 CITY-ST-ZIP

2.1 TITLE SEC.
2.2 NAME EUPHEMIA ATKINSON
2.3 STREET ADDRESS 6908-13TH AVE-EAST
2.4 CITY-ST-ZIP BRADENTON FLA. 34208

3.1 TITLE PMD
3.2 NAME JOHN P. MARLOW
3.3 STREET ADDRESS 1218-7TH AVE-EAST
3.4 CITY-ST-ZIP BRADENTON FLA. 34208

4.1 TITLE P
4.2 NAME ETHEL O. MARLOW
4.3 STREET ADDRESS 1218-7TH AVE-E.
4.4 CITY-ST-ZIP Bradenton Fla. 34208

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

John P. Marlow

John P. Marlow

7-15-98 941-775816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)