

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

cor. del.

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 34206 US	Mailing Address P.O. BOX 2545 ARCADIA FL 34265 US
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3. Date Incorporated or Qualified 06/16/1986	Applied For Not Applicable
4. FEI Number 59-2691657	Applied For 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>NA</i>

21. Principal Place of Business <i>ARCADIA GOSPEL ASSEMBLY</i>	2a. Mailing Address <i>ARCADIA GOSPEL ASSEMBLY</i>
22. <i>1528 NE TURNER AVE</i>	27. <i>P.O. BOX 2545</i>
23. City & State <i>ARCADIA FLA.</i>	28. City & State <i>ARCADIA FLA.</i>
24. Zip <i>34206</i>	29. Zip <i>34265</i>
25. Country <i>DESOLO</i>	30. Country <i>DESOLO</i>

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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCMD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE JARRELL ATKINSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WHITWORTH, JOHN W SR.		1.2 NAME	
STREET ADDRESS 1528 N.E. TURNER RD		1.3 STREET ADDRESS 6908-13 1/2 AVE - EAST	
CITY-ST-ZIP ARCADIA FL		1.4 CITY-ST-ZIP BRADENTON FL 34206	
TITLE VMD	<input type="checkbox"/> DELETE	2.1 TITLE SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARLOW, JOHN P		2.2 NAME	
STREET ADDRESS 1218 7TH AVE.		2.3 STREET ADDRESS 6908-13 1/2 AVE - EAST	
CITY-ST-ZIP BRADENTON FL		2.4 CITY-ST-ZIP BRADENTON FLA. 34206	
TITLE STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE PMD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITWORTH, BRENDA		3.2 NAME	
STREET ADDRESS 1528 N.E. TURNER RD.		3.3 STREET ADDRESS 1218-7TH AVE - EAST	
CITY-ST-ZIP ARCADIA FL		3.4 CITY-ST-ZIP BRADENTON FLA. 34206	
TITLE XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> DELETE	4.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS 1218-7TH AVE - E.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP BRADENTON FLA. 34206	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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** 7-15-98 941-775886
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)