NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N16146

1. Corporation Name

FIRST ASSEMBLY OF GOD OF SPRINGHILL, FLORIDA, IN **CORPORATED**

Principal Place of Business 12435 SPRINGHILL DRIVE

2. Principal Place of Business

SPRINGHILL FL 34609

Mailing Address

12435 SPRINGHILL DRIVE SPRINGHILL FL 34609

2a. Mailing Address

FILED Apr 16, 1999 8:00 am & Secretary of State

04-16-1999 90109 014 ****61.25



3. Date Incorporated or Qualifed

07/31/1986

City & State 28
City & State Country Country Country 6. Election Campaign Financing Frust Fund Contribution State Trust Fund Contribution Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WOODWILL, ROGER A. 12435 SPRING HILL DR SPRINGHILL FL 34609 81 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 Characterists Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Characterists ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Manual Plane Agent signature required when reinstating)
City & State Zip
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NAME WOODWELL, ROGER A. 12 NAME COATS, TIMOTHY R.
STREET ADDRESS 11236 REDGATE ST
CITY-ST-ZIP SPRINGHILL FL 34609" 14CITY-ST-ZIP SPRING HILL, FL. 34609
TITLE D CHANGE LEVOLULE 2.1 TITLE D
NAME MINCKLER, AL 22 NAME THOMAS, FRANK
STREET ADDRESS 14423 MIDDLE FAIRWAY DR 2.3 STREET ADDRESS 8485 BELMONT RD.
CITY-ST-ZIP BROOKSVILLE FL 34609 2.4 CITY-ST-ZIP CODETING THE 2.4 COC
TILE D DELETE 3.1 TITLE SPRING HTLL, FL. 34606 Change Additio
NAME EMERSON, ED \$3.2 NAME
STREET ADDRESS 2110 LEMA DRIVE 3.3 STREET ADDRESS
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NAME PISANI, AL 4.2 NAME
STREET ADDRESS 10460 HOBSON ST 4.3 STREET ADDRESS
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NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information

indicated on this annual report of supplies 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 deporation or the receiver or trustee en powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE: