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**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16821 (3)
 1. Corporation Name
SUWANNEE RIVER ASSEMBLY OF GOD, INC.



Principal Place of Business C/O RONNIE E CHRISTIAN 26471 STATE ROAD 247 BRANFORD FL 32008 US	Mailing Address C/O RONNIE E CHRISTIAN P.O. BOX 207 BRANFORD FL 32008 US
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3. Date Incorporated or Qualified 09/16/1986		
4. FEI Number 59-2240730	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

CHRISTIAN, RONNIE E
 E LACQUEY RD
 7756 264TH ST., GOVERNOR ST.
 BRANFORD FL 32008

10. Name and Address of New Registered Agent

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

FL

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	PD <input type="checkbox"/> DELETE
NAME	CHRISTIAN, RONNIE E
STREET ADDRESS	7756 264TH ST., GOVERNOR ST.
CITY-ST-ZIP	BRANFORD FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, A. M
STREET ADDRESS	12905 N.W. 202ND STREET
CITY-ST-ZIP	ALACHUA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	YOUUGHT, JOSEPH
STREET ADDRESS	6754 COUNTY ROAD 248
CITY-ST-ZIP	O'BRIEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEE, MELVIN C.
STREET ADDRESS	8762 252ND ST
CITY-ST-ZIP	O'BRIEN FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Daughtry, Keith
2.3 STREET ADDRESS	9501 254th. Terrace
2.4 CITY-ST-ZIP	O'Brien, Fl. 32071
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vought, Joseph
3.3 STREET ADDRESS	6754 County Road 248
3.4 CITY-ST-ZIP	O'Brien, Fl 32071
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	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Walker, Pamela
5.3 STREET ADDRESS	Rt. 4, Box 52 Hwy. 27
5.4 CITY-ST-ZIP	Branford, Fl 32008
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Rev. Ronnie E. Christian Jan. 24, 1998

CR2E037 (10/97)