


FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90106 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N16821			
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	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23 Zip Country		27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 09/16/1986		4. FEI Number 59-2240730	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 Frank Adams 82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 207 83 7756 264th Street 84 City Branford FL 85 Zip Code 32008	
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 <i>Frank Adams</i> FRANK ADAMS - PASTOR DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME CHRISTIAN, RONNIE E STREET ADDRESS 7756 264TH ST., GOVERNOR ST. CITY-ST-ZIP BRANFORD FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Adams, Frank 1.3 STREET ADDRESS 7756 264th St., Governor Street 1.4 CITY-ST-ZIP Branford, FL 32008	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME DAUGHTRY, KEITH STREET ADDRESS 9501 254TH TERRACE CITY-ST-ZIP OBRIEN FL 32071	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME YOUGHT, JOSEPH STREET ADDRESS 6754 COUNTY ROAD 248 CITY-ST-ZIP O'BRIEN FL	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME Vought, Russ 3.3 STREET ADDRESS 6754 County Road 248 3.4 CITY-ST-ZIP O'Brien FL 32071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LEE, MELVIN C. STREET ADDRESS 8762 252ND ST CITY-ST-ZIP O'BRIEN FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME WALKER, PAMELA STREET ADDRESS RT 4 BOX 52 HWY 27 CITY-ST-ZIP BRANFORD FL 32008	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME McKenzie, Randy 6.3 STREET ADDRESS 20809 C.R. 137 6.4 CITY-ST-ZIP Lake City, FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99 904-935-1713
 Date Daytime Phone #

CR2E037 (1/98)