FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N17

(6)

FAITH ASSEMBLY OF GOD OF TALLAHASSEE, INC.				
£.				Í 1941/184 ARL HARL BRIN BRIN BRIN BRIN BRIN BRIN BRIN BRIN
Delegation Disc	a of Curlossa	Mailine Address		
Principal Plac	e or Business	Mailing Address		
3434 N. MONROE 2290 DELTA BLVD. TALLAHASSEE FL 32303 TALLAHASSEE FL 32303				3. Date Incorporated or Qualified
				09/29/1986 4. FEI Number Applied For
				4. FEI Number Applied For Not Applied ble
2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
		26 3434 N. Mor	roe St.	Fee Required
22] Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28 Tallahassee	s. FL	Yes V No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25]	29 KYKKYYX 3	0 Leon	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Registered Agent
B1 Name				Burt McDaniel
BRADY, GARY C.			82 Street	Address (P.O. Box Number is Not Acceptable)
3434 NORTH MONROE STREET				3434 N. Monroe Street
TALLAH	ASSEE FL		83	
•			84 City	85 Zip Code
44 6	40.00		#	Tallahassee FL 32303
11. Pursuant to the provisions of Sections 617.0502 and 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.				
agent. I a	m families with and accept the obliga	itions of, Section 617.0503, Flori	da Statutes.	
SIGNATURE .	Seature, pped or printed name of registered ager	ot and title if emplicable (NOTE: I	Registered Agent signature	required when reinclation) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OP .	DELETÉ	1.1 TITLE	DP XX Change Addition
NAME	BRADY, GARY C.		1.2 NAME	Burt McDaniel
STREET ADDRESS	2204 TANGLEWOOD TERR.		1.3 STREET ADDRESS	3116-A Middlebrooks Circle
CITY - ST - ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee EL 32312
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	GRAY, SIDNEY E.		2.2 NAME	D A
STREET ADDRESS	RT. 1, BOX 1495		2.3 STREET ADDRESS	Scott Truhe 32304
CITY-ST-ZIP	HAVANA FL	Leborium	2. 4 CITY - ST- ZIP	2508 Helene Lane, Tallahassee,FL
TITLE	D Munyon, Norman W. Jr.	TA DELETE	3.1 TITLE	D Addition
NAME STREET ADDRESS	2219 WOODLAWN DR		3.2 NAME	William Maxwell
	TALLAHASSEE FL		3.3 STREET ADDRESS	305 N. Corry Street
CITY-ST-ZIP TITLE	TOPECH INVOLET L	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Quincy, FL 32351 Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	!
CITY-ST-ZIP			4.4 City-St-ZiP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change 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:

1-28-78

(850) 387-0106

FILED

Feb 05 1998 8:00am

Secretary of State

CR2E037 (10/97