

FILE NOW: FILING FEE IS \$61.25 *Amended*

AMENDED

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 DEC -4 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N17046 (6)
1. Corporation Name
FAITH ASSEMBLY OF GOD OF TALLAHASSEE, INC.

Principal Place of Business: 3434 N. MONROE TALLAHASSEE FL 32303
Mailing Address: 2290 DELTA BLVD. TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: 09/29/1986
4. FEI Number: 58-2392286 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 3434 N. Monroe St. 27 Suite, Apt. #, etc. 28 Tallahassee, FL 29 Zip 30 Leon 30 Country

9. Name and Address of Current Registered Agent
BRADY, GARY C.
3434 NORTH MONROE STREET
TALLAHASSEE FL

10. Name and Address of New Registered Agent
81 Name: Burt McDaniel
82 Street Address (P.O. Box Number is Not Acceptable): 3434 N. Monroe Street
83
84 City: Tallahassee FL 85 Zip Code: 32303

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]* DATE: 1-28-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, GARY C.	
STREET ADDRESS	2204 TANGLEWOOD TERR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, SIDNEY E.	
STREET ADDRESS	RT. 1, BOX 1495	
CITY-ST-ZIP	HAVANA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUNYON, NORMAN W. JR.	
STREET ADDRESS	2219 WOODLAWN DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM MAXWELL	
STREET ADDRESS	305 N. CORY STREET	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Burt McDaniel	
1.3 STREET ADDRESS	1619 Timber Run	
1.4 CITY-ST-ZIP	Havana, FL 32333	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Scott Truhe	
2.3 STREET ADDRESS	2508 Helene Lane, Tallahassee, FL	
2.4 CITY-ST-ZIP	32304	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lamar Rudd	
3.3 STREET ADDRESS	2816 Shamrock South	
3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	400002706494--4	
4.4 CITY-ST-ZIP	-12/08/98--01076--004	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

NR 12/8

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: *[Signature]* DATE: 12/2/98 H-16-98
(850) 562-6260
(850) 539-3397

CPRE037 (10/97)