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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997.



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

DOCUMENT # N18863 (3)

1. Corporation Name

FIRST ASSEMBLY OF GOD OF RUSKIN, INC.

Principal Place of Business

Mailing Address

P.O. BOX 458
RUSKIN FL 33570

P.O. BOX 458
RUSKIN FL 33570-0458



3. Date Incorporated or Qualified 01/22/1987	3a. Date of Last Report 04/02/1996
4. FEI Number 00-0000000 59-2749138	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, BOBBY M
2326 11TH AVENUE SE
RUSKIN FL 33570

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BOBBY M	1.2 NAME	
STREET ADDRESS	2326 11TH AVENUE SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL 33570	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNCIL, BUFORD (BUTCH)	2.2 NAME	
STREET ADDRESS	2703 24TH STREET SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL 33570	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, MERWIN C	3.2 NAME	
STREET ADDRESS	5369 RUTH MORRIS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL 33589	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMAND, SHIRLEY	4.2 NAME	
STREET ADDRESS	P.O. BOX 1121 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL 33570	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH, ROBERT	5.2 NAME	
STREET ADDRESS	305 6TH AVENUE SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL 33570	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, JOHN	6.2 NAME	
STREET ADDRESS	1004 CALLE ROSA PL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	6.4 CITY-ST-ZIP	

14. I do 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: *Bobby M. Jones* **BOBBY M. JONES** 2-7-97 813-645-3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 813-645-3337

CR2E037 (9/96)