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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

11 AUB. SE

1999

## DOCUMENT # N18863

. Corporation name

FIRST ASSEMBLY OF GOD OF RUSKIN, INC.

11 Ave SE

Principal Place of Business
P.O. BOX 458
RUSKIN FL 33570 Ch Au Co

2. Principal Place of Business

Mailing Address

P.O: BOX 458 RUSKIN FL 33570

2a. Mailing Address

## FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90060 013 \*\*\*\*70.00

3. Date Incorporated or Qualifed

01/22/1987

59-2749138

4. FEI Number

City & Stat		28 73 52 D			5. Certifcate of Status Desired	X.	Fee Rec	oditional ruired
_دِک ( ٍ :	Country	28 33370 Zip	Country		8 51-Ai- Compains 511-		<del></del>	·
∠ip I		<b>├</b> '	30	•	6. Election Campaign Financing Trust Fund Contribution		. \$5.00 M Added to	•
:	25  9. Name and Address of Current		[30]		10. Name and Address of New	Registered A		, ,
	2. (4dille gilt Addiess of Callent	registered Agent	81	Name				
			82					
JONES, BOBBY M				Street Add	ress (P.O. Box Number is Not Accept	able)		
2326 11TH AVENUE SE								
ruskin f	L 33570		83			'		
			84	City		FL	85 Zip C	ode
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was at	uthorized by	the corporati	poration submits this statement for the ion's board of directors. I hereby acce	purpose of pt the appoin	changing its r ntment as reg	egistered istered
GNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Age	nt signature requir	ed when reinstating)	DATE	<del>.</del>	
2.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
te	PD	☐ DELETE	1.1 TITLE				Change	☐ Additio
ME	JONES, BOBBY M		1.2 NAME	,			•	
REET ADDRESS	2326 11TH AVENUE SE		1.3 STREE	TADDRESS	<b>V</b>		*	
Y-ST-ZIP	RUSKIN FL 33570		1.4 CITY-S	rt-ZiP				
.E	SD	☐ DELETE	2.1 TITLE			•	☐ Change	Addition
νÆ ,	COUNCIL, BUFORD (BUTCH)		2.2 NAME					
REET ADDRESS	2703 24TH STREET SE		2.3 STREE	TADDRESS				•
Y-ST-ZIP	RUSKIN FL 33570		2.4 CITY-5	ST-ZIP		~~	<u> </u>	<u> </u>
LE	D	☐ DELETE	3.1 TITLE				☐ Change	Additio
ME	WADE, ROBERT		3.2 NAME					
REET ADDRESS	119 14TH STREET S E		3.3 STREE	T ADDRESS			•	
Y-ST-ZIP	RUSKIN FL 33570		3.4. CITY-5	RT. ZIP				_
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	DT	☐ DELETE	4.1 TITLE				Change	I_I Additio
LE I	DT	☐ DELETE					Change	i∐ Additic
ME		☐ DELETÉ	4.1 TITLE 4.2 NAME				Change	LI Additio
E ME REET ADDRESS	DT Almand, Shirley	☐ DELETÉ	4.1 TITLE 4.2 NAME	T ADDRESS				<u> </u>
.E ME REET ADDRESS Y-ST-ZIP	DT ALMAND, SHIRLEY 502 1ST STREET S W	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	T ADDRESS			☐ Change	
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NE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	DT ALMAND, SHIRLEY 502 1ST STREET S W RUSKIN FL 33570 D VARN, JOEY	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS IT-ZIP T ADDRESS			☐ Change	☐ Additio
ME REET ADDRESS IY-ST-ZIP TLE ME REET ADDRESS IY-ST-ZIP TLE	DT ALMAND, SHIRLEY 502 1ST STREET S W RUSKIN FL 33570 D VARN, JOEY 2106 8TH STREET S W		4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS IT-ZIP T ADDRESS		•		
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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:

Bolisani Del De REQUIREDRO M. Joues 1-5-98 813-645-3337

CR2E037 (11/9

Applied For

Not Applicable \$8.75 Additional