

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26996 (1)

1. Corporation Name

THE ASSEMBLY OF GOD, INC.



Principal Place of Business

2805 AVENUE T
FORT PIERCE FL 34950

Mailing Address

2805 AVENUE T
FORT PIERCE FL 34950

3. Date Incorporated or Qualified
06/17/1988

3a. Date of Last Report
11/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0129387

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSEMBLY OF GOD FAITH TEMPLE CHURCH
2805 AVENUE T
FORT PIERCE FL 34947

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE CD
NAME DAVIS, PASTOR SIMEL
STREET ADDRESS 1036 43RD AVENUE
CITY - ST - ZIP VERO BEACH FL

☐ DELETE

TITLE PD
NAME WARREN, BETTY J.
STREET ADDRESS 602 SE THANKSGIVING AVE
CITY - ST - ZIP PORT ST LUCIE FL

☐ DELETE

TITLE V
NAME THOMAS, J.T.
STREET ADDRESS 3105 IROUQUOIS AVE
CITY - ST - ZIP FORT PIERCE FL

☐ DELETE

TITLE S
NAME ROBINSON, MARY
STREET ADDRESS 85 62ND AVENUE
CITY - ST - ZIP WABASSO FL

☐ DELETE

TITLE T
NAME FRANKLIN, WALTER
STREET ADDRESS 4202 MONTANZA AVENUE
CITY - ST - ZIP FORT PIERCE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Election Counter
1.2 NAME Julia Andrews
1.3 STREET ADDRESS 2805 Essex Drive
1.4 CITY - ST - ZIP Ft. Pierce FL 34946

☐ Change ☒ Addition

2.1 TITLE Member
2.2 NAME Annie Taylor
2.3 STREET ADDRESS 2603 Sterling Ct
2.4 CITY - ST - ZIP Ft. Pierce FL

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Betty Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96
Date

861-878-7762
Daytime Phone

0016147

CR2E037 (3/96)