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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34947-2054**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1988	3a. Date of Last Report 07/15/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0129387		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	T
NAME	DAVIS, PASTOR SIMEL	1.2 NAME	Taylor, Annie
STREET ADDRESS	1036 43RD AVENUE	1.3 STREET ADDRESS	2603 Sterling Court
CITY - ST - ZIP	VERO BEACH FL	1.4 CITY - ST - ZIP	Fort Pierce, FL
TITLE	PD	2.1 TITLE	
NAME	WARREN, BETTY J.	2.2 NAME	
STREET ADDRESS	602 SE THANKSGIVING AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST LUCIE FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	
NAME	THOMAS, J.T.	3.2 NAME	
STREET ADDRESS	3105 IROUQUOIS AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	ROBINSON, MARY	4.2 NAME	
STREET ADDRESS	85 62ND AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WABASSO FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	
NAME	FRANKLIN, WALTER	5.2 NAME	
STREET ADDRESS	4202 MONTANZA AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	5.4 CITY - ST - ZIP	
TITLE	EC	6.1 TITLE	
NAME	ANDREWS, JULIA	6.2 NAME	
STREET ADDRESS	2805 ESSEX DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	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:

Mary Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070783

CR2E037 (9/96)