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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26996

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/17/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0129387	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, PASTOR SIMEL	1.2 NAME	Glover Dean Davis
STREET ADDRESS	1036 43RD AVENUE	1.3 STREET ADDRESS	1036 30th Ave
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO Beach, Fl 32967
TITLE	PD <input checked="" type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, J.T.	3.2 NAME	Padrica f. Davis
STREET ADDRESS	3105 IROUQUOIS AVE	3.3 STREET ADDRESS	4145 30th Ave
CITY-ST-ZIP	FORT PIERCE FL	3.4 CITY-ST-ZIP	VERO Beach Fl. 32967
TITLE	S <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 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:

SIGNATURE *Glover Dean Davis*

1-27-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)