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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33332**

1. Corporation Name
HILLIARD FIRST ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
C/O BETTY BAHL 127 S. NEW KINGS RD.. P.O. BOX 670 HILLIARD FL 32046 US	C/O BETTY BAHL 127 S. NEW KINGS RD.. P.O. BOX 670 HILLIARD FL 32046 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	07/19/1989
Suite, Apt. #, etc. 22 2392 N. Kings Rd.	Suite, Apt. #, etc. 27 P.O. Box 670	4. FEI Number 59-2256005 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAHL, BETTY 127 S. NEW KINGS ROAD P.O. BOX 670 HILLIARD FL 32046	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2392 N. Kings Road 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	JOHNS, ARLIE W.		1.2 NAME		
STREET ADDRESS	RT. 3 BOX 990		1.3 STREET ADDRESS	2323 Michigan St.	
CITY-ST-ZIP	HILLIARD FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BULFORD, WILLIAM		2.2 NAME		
STREET ADDRESS	RT. 3 BOX 471		2.3 STREET ADDRESS	Rt. 1 Box 1050	
CITY-ST-ZIP	HILLIARD FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	RAULERSON, DANNY		3.2 NAME		
STREET ADDRESS	RT 3, BXO 528		3.3 STREET ADDRESS	Rt. 5 Box 9480	
CITY-ST-ZIP	HILLIARD FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HINSON, DIANA		4.2 NAME		
STREET ADDRESS	RT. 2. BOX 211		4.3 STREET ADDRESS	Rt. 5 Box 9095	
CITY-ST-ZIP	HILLIARD FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	BAHL, BETTY		5.2 NAME		
STREET ADDRESS	RT. 3 BOX 528 A		5.3 STREET ADDRESS	Rt. 5 Box 9485	
CITY-ST-ZIP	HILLIARD FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Diana Hinson Secretary 4/20/99 (904) 845-2642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #