

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 21 PH 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700001439007  
-03/24/95--01063--016  
DO NOT WRITE IN THESE SPACES \*\*70.00

DOCUMENT # **N34545 (6)**

1. Corporation Name

**FAITH ASSEMBLY OF GOD OF ST CLOUD, INC.**

Principal Place of Business

Mailing Address

1406 EASTERN AVENUE  
P.O. BOX 700278  
ST. CLOUD FL 34770-7278

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P.O. BOX 700278  
ST. CLOUD FL 34770-7278

3. Date Incorporated or Qualified

10/09/1989

3a. Date of Last Report

01/21/1994

4. FEI Number

59-2773292

Applied For

Not Applicable

5. Certificate of Status Desired

XXVXXV

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental  
Tax Exempt Status  
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUCH, ROBERT M.  
3202 TOASY DR  
ORLANDO FL 32806

81 Name

COUCH, ROBERT M.

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

3202 TOASY DRIVE

83

84 City

ORLANDO,

FL

85 Zip Code

32806-6677

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **ROBERT M. COUCH, P/C/D/**

Signature, typed or printed name of registered agent and title if applicable

*Robert M. Couch*

March 8th, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCD**  
NAME **COUCH, ROBERT M.**  
STREET ADDRESS **3202 TOASY DR**  
CITY - ST - ZIP **ORLANDO FL**

11 TITLE **P/C/D/**  Change  Addition  
12 NAME **COUCH, ROBERT M.**  
13 STREET ADDRESS **3202 Toasy Drive**  
14 CITY - ST - ZIP **Orlando, Florida, 32806-6677**

TITLE ~~CD~~  
NAME ~~EASTMAN, HERBERT~~  
STREET ADDRESS ~~702 MICHIGAN AVE~~ **Delete**  
CITY - ST - ZIP ~~ST. CLOUD FL~~

21 TITLE **S/C/D/**  Change  Addition  
22 NAME **BAKHTAWAR, ADOLPHAS**  
23 STREET ADDRESS **4821 E. Irlo Bronson Memorial Highway**  
24 CITY - ST - ZIP **St. Cloud, Florida, 34771**

TITLE ~~VD~~  
NAME ~~BREWER, JAMES~~ **Delete**  
STREET ADDRESS ~~011 17TH ST~~  
CITY - ST - ZIP ~~ST. CLOUD FL~~

31 TITLE **V/D/**  Change  Addition  
32 NAME **LEFFEWE, JON P.**  
33 STREET ADDRESS **6390 WOODS STREET**  
34 CITY - ST - ZIP **St. Cloud, Florida, 34771**

TITLE ~~TD~~  
NAME ~~ROGT, EDWARD F.~~ **Delete**  
STREET ADDRESS ~~10 DELAWARE AVE.~~  
CITY - ST - ZIP ~~ST. CLOUD FL~~

41 TITLE **D/**  Change  Addition  
42 NAME **TAYLOR, ROBERT B.**  
43 STREET ADDRESS **914 SHERWOOD AVENUE**  
44 CITY - ST - ZIP **St. Cloud, Florida, 34769**

TITLE ~~D~~  
NAME ~~AUSTIN, JOHNEY~~ **Delete**  
STREET ADDRESS ~~4200 LAKE CENTRY RD~~  
CITY - ST - ZIP ~~ST. CLOUD FL~~

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP **( / )**

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 110.07(3)(b), 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 such name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert M. Couch* **ROBERT M. COUCH, P/C/D/**

MARCH 8th, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)