

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

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

3. Date Incorporated or Qualified
10/09/1989

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2773292

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

**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 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

ROBERT M. COUCH, P/C/D/

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

(NOTE: Registered Agent signature required when reinstating)

February 6, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE

NAME
**COUCH, ROBERT M.
3202 TOASY DR
ORLANDO FL 32806-6677**

CITY - ST - ZIP

TITLE **S/D** ☐ DELETE

NAME
**BAKHTAWAR, ADOLPHAS
4821 E. IRLO BRONSON MEMORIAL HWY.
ST. CLOUD FL 34771**

CITY - ST - ZIP

TITLE **D** ☐ DELETE

NAME
**LEFFEY, JON P
6390 WOODS ST.
ST. CLOUD FL 34771**

CITY - ST - ZIP

TITLE **D** ☐ DELETE

NAME
**TAYLOR, ROBERT B
914 SHERWOOD AVE.
ST. CLOUD FL 34769**

CITY - ST - ZIP

TITLE **D** ☐ DELETE

NAME
**AUSTIN, JOHNEY
4220 LAKE GENTRY RD
ST. CLOUD FL**

CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V/D** ☐ Change ☒ Addition

1.2 NAME
**FLEMING, JACK
11208 CLAPP SIMS DUDA RD
ORLANDO, FLORIDA 34769**

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE **D/** ☐ Change ☒ Addition

2.2 NAME
**DURLEY, BUCK
4049 WEST NEW NOLTE RD, APT#3
ST. CLOUD, FLORIDA 34769**

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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: **Robert M. Couch**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT M. COUCH 2/6/96 407-892-5656
P/C/D/**

Date

Daytime Phone #

CR2E037 (12/95)