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Mar 13 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 # N34545 (6)
1. Corporation Name
FAITH ASSEMBLY OF GOD OF ST CLOUD, INC.



Principal Place of Business 1406 EASTERN AVENUE P.O. BOX 700278 ST. CLOUD FL 34770-7278	Mailing Address 1406 EASTERN AVENUE P.O. BOX 700278 ST. CLOUD FL 34770-0278
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3. Date Incorporated or Qualified 10/09/1989	3a. Date of Last Report 02/13/1996
4. FEI Number 59-2773292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**COUCH, ROBERT M.
3202 TOASY DR
ORLANDO FL 32808**

10. Name and Address of New Registered Agent
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: **Robert M. Couch, P/C/D/** *Robert M. Couch* **March 10, 1997**
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	PCD <input type="checkbox"/> DELETE	1.1 TITLE	P/C/D/ Robert M. Couch <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUCH, ROBERT M.	1.2 NAME	3202 Toasy Drive
STREET ADDRESS	3202 TOASY DR	1.3 STREET ADDRESS	Orlando, Florida 32806-6677
CITY-ST-ZIP	ORLANDO FL 32806-6677	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	V/D/ Andrew J. Fleming <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKHTAWAR, ADOLPHAS	2.2 NAME	11208 Clapp Sims Duda Rd.
STREET ADDRESS	4821 E. IRLO BRONSON MEMORIAL HWY.	2.3 STREET ADDRESS	Orlando, Florida 32812
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T/D/ Adolphas Bakhtawar <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFFEY, JON P	3.2 NAME	4821 E. Irlo Bronson Memorial Hwy.
STREET ADDRESS	6390 WOODS ST.	3.3 STREET ADDRESS	St. Cloud, Florida 34771
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/ Milton A. Kelley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ROBERT B	4.2 NAME	2315 Lakota Lane
STREET ADDRESS	914 SHERWOOD AVE.	4.3 STREET ADDRESS	St. Cloud, Florida 34769
CITY-ST-ZIP	ST. CLOUD FL 34769	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/ Jim Callihan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUSTIN, JOHNEY	5.2 NAME	102 West Martin Street
STREET ADDRESS	4220 LAKE GENTRY RD	5.3 STREET ADDRESS	Kissimmee, Florida 34741
CITY-ST-ZIP	ST. CLOUD FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	FLEMING, JACK	6.2 NAME	
STREET ADDRESS	11208 CLAPP SIMS DUDA ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO 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: *Robert M. Couch*

CR2E037 (9/96)