

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified
10/09/1989
4. FEI Number
59-2773292
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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* Robert M. Couch May 14, 1998
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PCD <input type="checkbox"/> DELETE
NAME	COUCH, ROBERT M.
STREET ADDRESS	3202 TOASY DR
CITY-ST-ZIP	ORLANDO FL 32808-8877
TITLE	VD <input type="checkbox"/> DELETE
NAME	FLEMING, ANDREW
STREET ADDRESS	11208 CLAPP SIMS DUBA RD.
CITY-ST-ZIP	ORLANDO FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	BAKHTAWAR, ADOLPHAS
STREET ADDRESS	4821 E. IRO BRONSON MEMORIAL HWY
CITY-ST-ZIP	ST. CLOUD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KELLEY, MILTON A
STREET ADDRESS	2315 ZAKOTA LANE
CITY-ST-ZIP	ST. CLOUD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	OLLIHAN, JIM
STREET ADDRESS	102 W. MARTIN ST
CITY-ST-ZIP	KISSIMMEE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FLEMING, JACK
STREET ADDRESS	11208 CLAPP SIMS DUBA ROAD
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Clifton Brooks
2.3 STREET ADDRESS	3550 Green Acres
2.4 CITY-ST-ZIP	St. Cloud, Florida 34772
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Arthur Biles
4.3 STREET ADDRESS	1205 Myrtle Ave
4.4 CITY-ST-ZIP	St. Cloud, Florida 34769
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Johnny Austin
5.3 STREET ADDRESS	4220 Lake Gentry Rd
5.4 CITY-ST-ZIP	St. Cloud, Florida 34772
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Leroy Rue
6.3 STREET ADDRESS	428 New York Ave
6.4 CITY-ST-ZIP	St. Cloud, Florida 34769

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.

SIGNATURE: *Robert M. Couch* Robert M. Couch May 14, 1998

CP2E037 (10/97)