FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 21 1998 8:00am

| AN | NUAL REPORT 1998 | Secreta | ary of State CORPORATIONS | Secretary | of State | |
|--|---|------------------------|-----------------------------------|---|-----------------------------------|--|
| DOC 1. Corpora | UMENT # N345 | 45 (6) | | | | |
| FAITH ASSEMBLY OF GOD OF ST CLOUD, INC. | | | | | | |
| Deleginal C | Name of Business | Marting Address | | | | |
| Principal Place of Business Mailing Address | | | | | | |
| 1406 EASTERN AVENUE | | | 3. Date Incorporated or Qualified | | | |
| ST. CLOUD FL 34770-7278 ST. CLOUD FL 3 | | ST. CLOUD FL 34770-727 | 8 | 10/09/1989 4. FEI Number | Applied For | |
| | | | | 59-2773292 | Not Applicable | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing | \$5.00 May Be | |
| 22 | | 27 | | Trust Fund Contribution | Added to Fees | |
| City & State | | City & State | | 7. Is this nonprofit corporation a homeowr | ners association? | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the o | current year Intangible | |
| 24 | 25 Same and Address of Cur | 29 29 Agent | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registers | Yes No | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name | | | | | | |
| COUCH, ROBERT M. 3202 TOASY DR | | | B2 Street | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | | |
| ORLANDO FL 32808 | | | 83 | | | |
| | | | 84 City | F | 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a provision of Section 617.0503, Florida Statutes. | | | | | | |
| | | | | | | |
| SIGNATURE Robert M. Couch May 14, 1998 Signature-repeat or printed managed registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | PCD | ☐ DELETE | 1.1 TITLE | | Change Addition | |
| NAME STREET ADORE | SS 3202 TOASY DR | | 1.2 NAME 1.3 STREET ADDRESS | Same | | |
| CITY-ST-ZIP | ORLANDO FL 32806-6677 | | 1.4 City+St-Zip | | İ | |
| TITLE | VO -2 / 1 | DELETE | 2.1 TITLE | VD Cliffton Brooks | Change Addition | |
| NAME | FLENING ANDREW | / | 2.2 NAME | 3550 Green Acres | | |
| STREET ADDRE | ss 11208 CLAPING SHAS DUE ORIANDIX FL | ALRO. | 2.3 STREET ADDRESS | St. Cloud, Florida 34772 | | |
| CITY-ST-ZIP | STD 7 | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | BAKHTAWAR, ADOLPHAS | | 3.2 NAME | _ | | |
| STREET ADDRE | | EMORIAL HWY | 3.3 STREET ADDRESS | Same | | |
| CITY-ST-ZIP | ST. CLOUD FL | | 3.4. CITY-ST-ZIP | | | |
| TITLE | D KELLEY MILTON A | ☐ DELETE | 4.1 TITLE | D Arthur Biles | Change Addition | |
| NAME STREET ADDRE | 1 An - Maran / Ma | | 4.2 NAME 4.3 STREET AODRESS | 1205 Myrtle Ave | 1 | |
| CITY-ST-ZIP | ST CLOUD FL | | 4.4 CITY-ST-ZIP | St. Cloud, Florida 34769 | | |
| TITLE | 0' | DELETE | 5.1 TITLE | D Johnny Austin | Change Addition | |
| NAME | CLLIHAN, JIM | | 5.2 NAME | 4220 Lake Gentry Rd | • | |
| STREET ADDRE | | | 5.3 STREET ADDRESS | St. Cloud, Florida 34772 | | |
| CITY-ST-ZIP TITLE | KISSHAIMEE PL | ☐ DELETE | 5.4 City-St-ZiP 6.1 Title | D Leroy Rue | Change | |
| NAME | FLEMING, MACK | DELETE | 6.2 NAME | 428 New York Ave | The cutting | |
| STREET ADDRE | 4444 A. Z. X. | ROAD | 6.3 STREET ADDRESS | 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.

Robert M. Couch May 14, 1998