## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N 34545

1. Corporation Name

Faith Assembly of God of St. Cloud, Inc.

Principal Place of Business

Mailing Address

1406 Eastern Ave

P.O. Box 700278

## **FILED** Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90076 013 \*\*\*\*70.00

St. Clo	ud, Fl 34769	St. Cloud, FI	34770-	-0278				
2. Principal Place of Business 2a. Mailing Address				· 	3. Date Incorporated or Qualifed			
Suite, Apt.	···	<u> </u>	<u> </u>		4. FEI Number			Applied For
					59-2773292		$\vdash$	Not Applicable
City & Stat		City & State				XX	_\$8.7	5_Additional
23		18			-5. Certificate of Status Desired		Fee	Required
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.0	<b>0</b> May Be
24	25	9	0		Trust Fund Contribution		Adde	d to Fees
	9. Name and Address of Current Re	gistered Agent		,	10. Name and Address of New	Registered A	Agent	
	Couch Pobort M		81	Name				
			82	Street Ac	Idress (P.O. Box Number is Not Accept	able)		
3202 Toasy Drive				<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	Oriando, Fl <sub>.</sub> 32806-66/7		83					
		2a. Mailing Address 2b. Suite, Apt. #, etc.  Country  City & State  Country  Zip  Country  Zip  Country  And Address of Current Registered Agent  Robert M.  asy Drive  Fil 32806-6677  Robert M.  But Street Address (factor)  But Street Address (fact				FI	85 Zi	ip Code
11 Pursuant	to the provisions of Sections 617 0502 an	d 617 1508 Florida Statutes	the above	<u>)</u> e-named co	proporation submits this statement for the	purpose of o	changing	its registered
office or r	egistered agent or both, in the State of F	orida. Such change was aut	horized by	the corpora	ation's board of directors. Thereby acce	pt the appoin	tment as	registered
agent. I a	m familiar with, and accept the obligation	7, Section 617,0503, Fibrio						
SIGNATURE	Signature, typed or printed name of registered egent and	title if applicable. (NOTE: R	egistered Ager	Obert I	M. Couch M  uired when reinstating)	arch 18	19	99
12.					ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12
TITLE	PCD Robert M. Cou	ch DELETE	1.1 TITLE				Chang	ge
NAME	3202 :Toasy Drive	J. 1	1.2 NAME					
STREET ADDRESS	Orlando, Fl 32806		1,3 STREE	TADDRESS				
CITY-ST-ZIP	Option 45 25000		1.4 CITY-S	T-ZIP				
TITLE	VD Ľeroy Gray	☐ DELETE	2.1 TITLE				Chang	ge 🗌 Addition
NAME	7.065 Bückhorn Tr		2.2 NAME	Į				
STREET ADDRESS	A055 Buckhorn 11			TADDRESS				
CITY-ST-ZIP 2			2. 4 CITY-5	ST-ZIP				
_TITLE	SD-Kannath-Elank	DELETE	3.1.TITLE_				Chang	e Addition
NAME		1112	3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP	St. Cloud, Fl 34/69		3,4, CITY-S	ST-ZIP				
TITLE	TD Add be Delebe		4.1 TITLE				Chang	je 🗌 Addition
NAME			4, 2 NAME	}				
STREET ADDRESS			4.3 STREE	TADDRESS	•			
CITY-ST-ZIP	St. Cloud, Flordia 34			T-ZIP				
TITLE	D Hugh T. Karnes	☐ DELETÉ		- {			☐ Chang	e Addition
NAME	4480 Freedom Road		1					
STREET ADDRESS	Kissimmee, Florida 3	4746						
CITY-ST-ZIP			<b>U</b> (1) = (1) = (1)	T-ZIP			Char-	n Nadaisian
TITLE		☐ DELETE		1	·		☐ Chang	je 🗌 Addition
NAME					•	•		
STREET ADDRESS			6.3 STREE		•			
	T .		■ 64 (21Y-S	1-7P				

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Couch RODERT IVI

March 18, 1999

407-892-5656

Daytime Phone #