


FILE NOW: FILING FEE IS \$61.25

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

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N 34545**

1. Corporation Name  
**Faith Assembly of God of St. Cloud, Inc.**

Principal Place of Business <b>1406 Eastern Ave                  St. Cloud, FL 34769</b>	Mailing Address <b>P.O. Box 700278                  St. Cloud, FL 34770-0278</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>10-09-89</b> 4. FEI Number <b>59-2773292</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent <b>Couch, Robert M.                  3202 Toasy Drive                  Orlando, FL 32806-6677</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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. Thereby 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** **March 18, 1999**  
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 Robert M. Couch <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3202 Toasy Drive	1.2 NAME	
STREET ADDRESS	Orlando, FL 32806	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32806	1.4 CITY-ST-ZIP	
TITLE	VD Leroy Gray <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7065 Bueckhorn Tr	2.2 NAME	
STREET ADDRESS	St. Cloud, Florida 34771	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Cloud, Florida 34771	2.4 CITY-ST-ZIP	
TITLE	SD Kenneth E. Jenkins <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13 Paquin Drive	3.2 NAME	
STREET ADDRESS	St. Cloud, FL 34769	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Cloud, FL 34769	3.4 CITY-ST-ZIP	
TITLE	TD Adolphas Bakhtawar <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4821 E. Irlo Bronson Highway	4.2 NAME	
STREET ADDRESS	St. Cloud, Florida 34771	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Cloud, Florida 34771	4.4 CITY-ST-ZIP	
TITLE	D Hugh T. Karnes <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4480 Freedom Road	5.2 NAME	
STREET ADDRESS	Kissimmee, Florida 34746	5.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, Florida 34746	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Robert M. Couch* **Robert M. Couch** **March 18, 1999** **407-892-5656**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/198)