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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N45938

(0)

SSS BROWN ST GRACEVILLE FL 32440 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 3. Date incorporated or Qualified 4. FEI Number 5. Cartificate of Status Desired 5. Ca	GRACE	VILLE FIRST ASSEMBLY (OF GOD, INC.	÷ .		
GRACEVILLE FL 32440 GRACEVILLE FL 32440-1000 US 3. Date incorporated or Qualified 10-04/17/1996 3. Date incorporated or Qualified 11/08/1991 3. Date incorporated or Qualified 12/08/1991 3. Date incorporated or Qualified 11/08/1991 3. Date incorporated or Qualified 11/08/1991 3. Date incorporated or Qualified 11/08/1991 3. Date incorporated 19/08/1991 3. Date incorporated 11/08/1991 3. Date incorporated 11/08/1991 3. Date incorporated 19/08/1991 3. Date incorporated 11/08/1991 3. D	Principal Plac	e of Business	Mailing Address		T SMOCKLOT ON MINOR ORIGIN INTER INC	II ALMIT AKALI AIBII AIBII ALALI AIBII HARI
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City & State		. #, etc.	Suite, Apt. #, etc.		5. Cartificate of Status Desired	
Trust Fund Contribution		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Fee Required
Zip		16				
28		Country		Country		
FELIX W. FUSSELL 5585 BROWN ST. GRACEVILLE F1 32440 83	24				Florida Statutes	Yes 🔀 No
FELIX W. FUSSELL 5565 BROWN ST. GRACEVILLE FL 32440 83 64 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, are both, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, are both, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PD DELETE 1.1 TITLE PD DELETE 1.1 TITLE PD DELETE 1.1 TITLE PD DELETE 2.1 TITLE PD DELETE 2.2 NAME STREET ADDRESS CITY-S1-2P GRACEVILLE FL 1.4 CITY-S1-2P GRACEVILLE FL 1.4 CITY-S1-2P Change Addition Addition PRAYMOND HARTZOG STREET ADDRESS STREET ADDRES		9. Name and Address of Curr	ent Registered Agent	041 11	10. Name and Address of New Rec	ilstered Agent
### State St				81 Name		
### City ### Coty ###				82 Street Addre	ess (P.O. Box Number is Not Accept abl	e)
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 agent, a purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or pirited name of registered agent and tile if applicable. (NOTE: Registered Agent alignature required when rentitating) DATE				83		
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 Signature, typed or printed name of registered agent and still if applicable. (NOTE: Registered Agent alignature required when reinstating)	GRACE	CLLL C OKTTO		04 50		10-1 - 0.4
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				B4 City		FL 85 Zip Code
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IIILE PD DELETE 1.1 TITLE Change Addition NAME FELIX W. FUSSELL 1.2 NAME STREET ADDRESS 5565 BROWN ST. 1.4 CITY-ST-ZIP IIILE VD DELETE 2.1 TITLE Change Addition NAME ROBERT NELSON 2.2 NAME STREET ADDRESS 5565 BROWN ST. 2.3 STREET ADDRESS CITY-ST-ZIP IIILE STD DELETE 3.1 TITLE Change Addition STREET ADDRESS 5565 BROWN ST. 2.3 STREET ADDRESS CITY-ST-ZIP IIILE STD DELETE 3.1 TITLE Change Addition NAME RAYMOND HARTZOG 32 NAME STREET ADDRESS 5565 BROWN ST. 3.3 STREET ADDRESS CITY-ST-ZIP IIILE STD DELETE 3.1 TITLE Change Addition OFFICERS AND DIRECTORS IN 12 Addition	11. Pursuant office or agent. I a	to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 617.1508, Florida Statutes, te of Florida. Such change was autl gations of, Section 617.0503, Floric	the above-named corp- norized by the corporation a Statutes.	oration submits this statement for the proofs board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
12. OFFICERS AND DIRECTORS ITILE PD DELETE DELETE 1.1 TITLE STREET ADDRESS CITY-S1-ZIP TITLE TITLE TITLE STD TO CLETE ST ADDRESS CITY-ST-ZIP TITLE STD TO CLETE ST ADDRESS TO SHEET ADDRESS TITLE TO SHEET ADDRESS	SIGNATURE		Oct 6			- CATE
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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:

SIGNATURE:

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Daytime Phone #0010091

FILED

Feb 21 1997 8:00am

Secretary of State