

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N45938

1. Corporation Name

GRACEVILLE FIRST ASSEMBLY OF GOD, INC.

Principal Place of Business 5565 BROWN STREET GRACEVILLE FL 32440

2. Principal Place of Business

Mailing Address

5565 BROWN ST GRACEVILLE FL 32440

2a. Mailing Address

US

FILED Apr 21, 1999 8:00 am secretary of State

04-21-1999 90083 012 ****70.00



3. Date Incorporated or Qualifed

21		26				1 1/06/ 199 1				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number	A	App	lied For	
22		27			- 1	59-3104319		Not	Applicable	
City & State City & State				5. Certifca		E C - W - + - + Status Desired	5 C	\$8.75 A	dditional	
23	28					5. Certificate of Status Desired	ΝŲ	Fee Red	quired	
Zip	Country					6. Election Campaign Financing		\$5.00	May Be	
24	25	29 30	1		1	Trust Fund Contribution		Added to	Fees	
	<u> </u>			10. Name and Address of New F	Registered A	gent				
	9. Name and Address of Current		81	Name						
FELIX W. FUSSELL				82 Street Address (P.O. Box Number is Not Acceptable)						
5565 BROWN ST.										
GRACEVILLE FL 32440										
			84	City			FL	85 Zip C	ode	
		1047 4500 Fledde Contuber	Abb			tion submits this statement for the		hanging its	registered	
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	. Felix Wi w	mod title if applicable. (NOTE: Re	Fusse	<u> 11 - P</u>	Presi	<u>dent</u>	4-19 DATE	-99		
01010110112	Signature, typed or printed name of registered agent		_	t signature re	required wh	en reinstating)			DC IN 12	
12.	OFFICERS AND		13.		r	ADDITIONS/CHANGES TO OF		Change	Addition	
TITLE	PD	☐ DELETE	1.1 TITLE					☐ Crisinge	☐ ¥@aaqui	
NAME	Felix W. Fussell	,	1.2 NAME	ŀ	ŀ		•			
STREET ADDRESS	5565 BROWN ST.		1.3 STREET	ADDRESS	\				}	
ÇITY-ST-ZIP	GRACEVILLE FL 1.0		1.4 CITY-S	T-ZIP						
TITLE	VD	☑ DELETE	2.1 TTLE		VD			Change Change	Addition	
NAME	ROBERT NELSON		2.2 NAME		Sta	nley Powell				
STREET ADDRESS	5565 BROWN ST	23:		2.3 STREET ADDRESS 10		i white Ave.				
CITY-ST-ZIP				T-ZIP		ceville, Fl. 32440	, ,			
TITLE	STD	⊠ DELETE	3.1 TITLE		ST			Change	☐ Addition	
NAME	SID		3.2 NAME		Cha					
	5565 BROWN ST.		3.3 STREET	ADDRESS	1 =					
STREET ADDRESS	GRACEVILLE FL		3.4. CITY-S		1 .	eville, Fl. 32440				
CITY-ST-ZIP			4.1 TITLE	r - 4ali"	Suc	Edition 11.		☐ Change	☐ Addition	
TITLE		- DCCC10	4. 2 NAME							
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STREET ADDRESS				ADDRESS						
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NAME			5.2 NAME						1	
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TITLE	31 No. 122 - 41%	☐ DELETE	6.1 TITLE	ļ				☐ Change	Addition	
NAME	, , ,		6.2 NAME						1	
STREET ADDRESS	The second secon		6.3 STREE	TADORESS						
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	1				_	
VILL-OL-ZIP	autifut that the information available with	Alia filia a dana makazalifa for th		ion etatac	d in Sec	tion 110 07(2\/i) Florida Statutas	I further certi	h, that the in	formation	

4. 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 informatic 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 eath; 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 4-19-</u>

(850)263-1492

Daytime Phone #

RSE037 (11/98)