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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004074 (0)

1. Corporation Name
CENTRAL ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
2731 S HWY 77 LYNN HAVEN FL 32444 US	PO BOX 1558 LYNN HAVEN FL 32444 US

3. Date Incorporated or Qualified: 08/19/1994

4. FEI Number: 59-3290474 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHOOTS, DONALD W REV
122 AIRPORT RD.
PANAMA CITY FL 32408

10. Name and Address of New Registered Agent

81 Name: REV DONALD W SHOOTS
82 Street Address (P.O. Box Number is Not Acceptable): 2731 S HWY 77
83
84 City: LYNN HAVEN **FL** 85 Zip Code: 32444

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 X Donald W. Shoots — Donald W. Shoots — 1-26-98
(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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RILEY, THOMAS E		1.2 NAME		
STREET ADDRESS	6334 HIGHPOINT RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	RILEY JESSE G		2.2 NAME	RILEY JESSE G	
STREET ADDRESS	6911 GREENFIELD RD		2.3 STREET ADDRESS	6911 GREENFIELD RD	
CITY-ST-ZIP	YOUNGSTOWN FL		2.4 CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	DYESS JAMES DOUGLAS		3.2 NAME	DYESS JAMES DOUGLAS	
STREET ADDRESS	2610 HWY 2321		3.3 STREET ADDRESS	2610 HWY 2321	
CITY-ST-ZIP	SOUTHPORT FL		3.4 CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Thomas E. Riley — Thomas E. Riley — 1/12/98 — 785-1328