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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001663 (2)

1. Corporation Name

SOUTH BAY GOSPEL ASSEMBLY CORPORATION

Principal Place of Business

105 NW 2ND WAY
SOUTH BAY FL 33493

Mailing Address

POST OFFICE BOX 1678
CLEWISTON FL 33440-16783. Date Incorporated or Qualified
04/05/19953a. Date of Last Report
02/26/1996

2. Principal Place of Business

21 105 N.W. 2nd Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 South Bay, Florida
Zip Country24 33493
25 Palm Beach

27 City & State

28 Zip Country

29

30

4. FEI Number
65-0547997Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FIELDS, BILLY D
110 OAK DRIVE
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME FIELDS, BILLY D
STREET ADDRESS 110 OAK DRIVE
CITY-ST-ZIP CLEWISTON FL 33440TITLE D ☐ DELETENAME JOHNSON, ZACHARIAH
STREET ADDRESS 317 KILPATRICK LP
CITY-ST-ZIP CLEWISTON FLTITLE D ☐ DELETENAME CARDIN, KAY
STREET ADDRESS 220 N BRIDAL ST
CITY-ST-ZIP CLEWISTON FLTITLE D ☐ DELETENAME FIELDS, IMA J.
STREET ADDRESS 110 OAK DR
CITY-ST-ZIP CLEWISTON FLTITLE D ☐ DELETENAME JOHNSON, MELISSA A.
STREET ADDRESS 317 KILPATRICK LP
CITY-ST-ZIP CLEWISTON FLTITLE D ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. D. Fields, Billy D. Fields.

03/03/97 941-983-5613

Date

Daytime Phone # 0042599

CR2E037 (9/96)