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**Mar 27 1998 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # N95000001663 (2)**

1. Corporation Name  
**SOUTH BAY GOSPEL ASSEMBLY CORPORATION**



Principal Place of Business      Mailing Address  
**105 NW 2ND WAY  
SOUTH BAY FL 33493**      **POST OFFICE BOX 1678  
CLEWISTON FL 33440**

3. Date Incorporated or Qualified  
**04/05/1995**  
4. FEI Number      Applied For  
**65-0547997**      Not Applicable

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing            **\$5.00 May Be  
Trust Fund Contribution      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  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FIELDS, BILLY D</b>
STREET ADDRESS	<b>110 OAK DRIVE</b>
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, ZACHARIAH</b>
STREET ADDRESS	<b>317 KILPATRICK LP</b>
CITY-ST-ZIP	<b>CLEWISTON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CARDIN, KAY</b>
STREET ADDRESS	<b>220 N BRIDAL ST</b>
CITY-ST-ZIP	<b>CLEWISTON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FIELDS, IMA J.</b>
STREET ADDRESS	<b>110 OAK DR</b>
CITY-ST-ZIP	<b>CLEWISTON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, MELISSA A.</b>
STREET ADDRESS	<b>317 KILPATRICK LP</b>
CITY-ST-ZIP	<b>CLEWISTON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Billy D Fields*      03-28-1998      941-989-5613

CR2E037 (1097)