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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

ASSOCIATION OF EVANGELICAL GOSPEL ASSEMBLIES, IN

FILED

May 21 1998 8:00am

Secretary of State

C.					
Principal Plac	e of Business	Mailing Address		g toddiogy hat fiss, dydn Esian dfila dan arbit diaw oldir dian andli dian 1001	
2152 HWY 139 \$123 MONROE LA 7 US		909 N.18 ST S123 MONROE NA 71201		3. Date Incorporated or Qualified 09/16/1991 4. FEI Number Applied For 72-0817857 Not Applicable	
	lace of Business 2 Hwy 13 G	26. Mailing Address 26. 2152 Hw	y 139	5. Certificate of Status Desired Security Securi	
Suite, Apt.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
	nrue LA	28 MMROL,	LA	7. Is this nonprofit corporation a homeowners association? Yes No	
Zip 24 7 1 3	Country 25 USA 9. Name and Address of Curr	29 71303 30	USA-	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	4. 1101110 min 11001000 01 min		B1 Name	TO, THE WILL HAVE TO SEE THE S	
	W, JOHN		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	DREXEL ROAD, #394 ALM BEACH FL 33417		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 eignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12					
SIGNATURE					
19					
TITLE	DCP		1.1 TITLE	Change Addition	
NAME	HARBUCK, HENRY A.		1.2 NAME		
STREET ADDRESS	412 BIRCHWOOD DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONROE LA		1.4 CITY-ST-ZIP		
TITLE	DVC		2.1 TITLE	☐ Change ☐ Addition	
NAME	HARBUCK, JAN		2.2 NAME		
STREET ADDRESS	412 BIRCHWOOD DR.		2.3 STREET ADDRESS		
CITY-\$T-ZIP	MONROE LA		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE	Change Addition	
NAME	CHAMBERS, CHARLIE		3.2 NAME		
STREET ADDRESS	101 raithwood dr.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOT SPRINGS AR		3.4. CITY - ST - ZIP		
TITLE	VP	☐ DÉLÉTE	4.1 TITLE	Change Addition	
NAME	HARBUCK, JAN		4. 2 NAME		
STREET ADDRESS	412 BIRCHWOOD DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MONROE LA		4.4 CITY-ST-ZIP		
TITLE	Τ	DELETE	5.1 TALE] Change	
NAME	HEAD, JIMMY	l.	5.2 NAME		
STREET ADDRESS	RT. 3, BOX 214-A		5.3 STREET ADDRESS		
CITY-ST-Z#P	MONROE LA		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS		Į,	6.3 STREET ADDRESS		
CITY-ST-ZIP	AND THE SECOND S		6.4 CITY-ST-ZIP	d in Section 119 07/2Vi) Elevide Statutes 1 further certify that the Information	
IS. I DOLONU A	Section that the intrometion belowings				

rinetery certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Informatio 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 attaching with an address.