FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90034 028 ****61.25

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DOCUMENT # **P35559**

1. Corporation Name

ASSOCIATION OF EVANGELICAL GOSPEL ASSEMBLIES, IN C.

* 5 2 7 5 1 0 *
527510 - 90034 - 28

Principal Place of Business	Mailing Address
2152 HWY 139 MONROE LA 71203 US	2152 HWY 139 MONROE LA 71203 US

2. Principal Place of Business
21 2152 Hwy 139
22 Suite, Apt. #, etc.
23 City & State: Monroe, LA
24 Zip: 71203 25 Country: USA

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

3. Date Incorporated or Qualifed: 09/16/1991

4. FEI Number: 72-0817857 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

MORROW, JOHN
1531 N. DREXEL ROAD, #394
WEST PALM BEACH FL 33417

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	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	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARBUCK, JAN		2.2 NAME	
STREET ADDRESS	412 BIRCHWOOD DR.		2.3 STREET ADDRESS	
CITY-ST-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	☐ DELETE	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	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HEAD, JIMMY		5.2 NAME	
STREET ADDRESS	RT. 3, BOX 214-A		5.3 STREET ADDRESS	
CITY-ST-ZIP	MONROE LA		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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Henry A. HARBUCK 5/1/99 318 345-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #