FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 737740 (1)

1. Corporation Name

OAK CITY ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
3080 WEST TENNESSEE STREET TALLAHASSEE FL 32304	3080 WEST TENNESSEE STREET TALLAHASSEE FL 32304

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

3. Date Incorporated or Qualified: 01/05/1977

3a. Date of Last Report: 02/01/1995

4. FEI Number: 59-6547532 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CREEL, A. LAMAR
1940 GLORIA DRIVE
TALLAHASSEE FL 32303

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	GILBERT, BILL		12 NAME		
STREET ADDRESS	4716 FLOWERWOOD DR		13 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		14 CITY-ST-ZIP		
TITLE	T	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GARNER, JOHN		22 NAME		
STREET ADDRESS	4450 SHERBORNE		23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ALDAY, CAREY		32 NAME		
STREET ADDRESS	1601 SALMON DR		33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		34 CITY-ST-ZIP		
TITLE	P	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	CREEL, LAMAR		42 NAME		
STREET ADDRESS	1940 GLORIA DR		43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		44 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	ALLBRITTON, DAVID		52 NAME		
STREET ADDRESS	3641 WESTMORLAND DRIVE		53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	DAVIS, MORRIS		62 NAME		
STREET ADDRESS	RT 1 BOX 2738 NA		63 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Bill Gilbert Bill Gilbert 2/9/96 904-386-1544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #