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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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<br>TALLAHASSEE FL 32304 | 3080 WEST TENNESSEE STREET<br>TALLAHASSEE FL 32304-2727 |

3. Date Incorporated or Qualified: 01/05/1977
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

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

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 _____ 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 | S | ☒ DELETE | 1.1 TITLE | Board Sec. | ☐ Change ☒ Addition |
| NAME | GILBERT, BILL | | 1.2 NAME | McClamma, Henry | |
| STREET ADDRESS | 4716 FLOWERWOOD DR | | 1.3 STREET ADDRESS | P.O. Box 138 | |
| CITY-ST-ZIP | TALLAHASSEE, FL 00000 | | 1.4 CITY-ST-ZIP | Woodville, Fl. 32362-0138 | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GARNER, JOHN | | 2.2 NAME | | |
| STREET ADDRESS | 4450 SHERBORNE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 00000 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | ALDAY, CAREY | | 3.2 NAME | Bill Gilbert | |
| STREET ADDRESS | 1601 SALMON DR | | 3.3 STREET ADDRESS | 4716 Flowerwood Dr. | |
| CITY-ST-ZIP | TALLAHASSEE, FL 00000 | | 3.4 CITY-ST-ZIP | Tallahassee, FL 32303 | |
| TITLE | P | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CREEL, LAMAR | | 4.2 NAME | | |
| STREET ADDRESS | 1940 GLORIA DR | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 00000 | | 4.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ALLBRITTON, DAVID | | 5.2 NAME | | |
| STREET ADDRESS | 3641 WESTMORLAND DRIVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 00000 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DAVIS, MORRIS | | 6.2 NAME | | |
| STREET ADDRESS | RT 1 BOX 2738 NA | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HAVANA FL | | 6.4 CITY-ST-ZIP | | |

N/A

CR2E037 (9/96)

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 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:** A. Lamar Creel ASSISTANT 2-9-97 575.4054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #