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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

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

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 (24) Country (25) | Zip (29) Country (30)

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

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

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 Henry McClamma, Beard Secretary H.M. McClamma 2-15-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	BS	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	MCCLAMMA, HENRY		1.2 NAME	Larry Noda	
STREET ADDRESS	P.O BOX 138 N/A		1.3 STREET ADDRESS	3252 Heather Hill LN.	
CITY-ST-ZIP	WOODVILLE FL		1.4 CITY-ST-ZIP	Tallahassee, FL. 32308	
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		☐ Change ☐ Addition
NAME	GILBERT, BILL		3.2 NAME		
STREET ADDRESS	4716 FLOWERWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		3.4 CITY-ST-ZIP		
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		

CR2E037 (10/97)

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: H.M. McClamma Henry McClamma 2-15-98 850-575-4054