

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741483 (2)

1. Corporation Name

THE HOLT ASSEMBLY OF GOD, INC.

Principal Place of Business

Mailing Address

BERRY ST.
P.O. BOX 7
HOLT FL 32564-0007

BERRY ST.
P.O. BOX 7
HOLT FL 32564-0007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/30/1978

04/14/1994

4. FEI Number

L Applied For

59-2115734

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental Fee Not Required

Tax Exempt Status

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLT, BRENDA C
4861 L ADAMS RD
HOLT FL 32564

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Brenda C. Holt
Signature, typed or printed name of registered agent and title if applicable

Brenda C. Holt
(NOTE: Registered Agent signature required when reinstating)

DATE

April 25, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST
NAME HOLT, BRENDA MRS.
STREET ADDRESS 4861 L ADAMS RD
CITY-ST-ZIP HOLT FL

1.1 TITLE ST, TR Change Addition
1.2 NAME Holt, Brenda Mrs.
1.3 STREET ADDRESS 4861 Adams Rd
1.4 CITY-ST-ZIP Holt, Fla. 32564

TITLE VD
NAME CENTER, GEORGE RANADALL
STREET ADDRESS P.O. BOX 411 SEIGLER AVE
CITY-ST-ZIP HOLT FL

2.1 TITLE VD Change Addition
2.2 NAME DAWSON, LARRY L.
2.3 STREET ADDRESS 605 EAST Southside Drive
2.4 CITY-ST-ZIP Holt, FL 32564

TITLE DP
NAME CORBIN, WILLARD
STREET ADDRESS LOG LAKE RD.
CITY-ST-ZIP HOLT FL

3.1 TITLE DP Change Addition
3.2 NAME McKinney, LARRY
3.3 STREET ADDRESS 1112 Hwy 90 West
3.4 CITY-ST-ZIP Holt, Fla 32564

TITLE D
NAME NICHOLS, FRANK
STREET ADDRESS U.S. 90 W.
CITY-ST-ZIP HOLT FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(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: *Brenda C. Holt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda C. Holt April 25, 1995 904-537-6292

Telephone #