

**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 # **741483** (2)  
1. Corporation Name  
**THE HOLT ASSEMBLY OF GOD, INC.**



Principal Place of Business: **BERRY ST. P.O. BOX 7 HOLT FL 32564-0007**  
Mailing Address: **BERRY ST. P.O. BOX 7 HOLT FL 32564-0007**

3. Date Incorporated or Qualified: **01/30/1978**  
3a. Date of Last Report: **05/01/1995**

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: **59-2115734**  
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  
**HOLT, BRENDA C  
4861 L ADAMS RD  
HOLT FL 32564**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: **FL**

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: *Brenda C. Holt Sec. Treasurer* *Brenda C. Holt* 3-14-96  
Signature, typed or printed name of registered agent and title in all caps (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>STTR</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLT, BRENDA</b>	
STREET ADDRESS	<b>4861 ADAMS ROAD</b>	
CITY-ST-ZIP	<b>HOLT FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAWSON, LARRY L</b>	
STREET ADDRESS	<b>605 EAST SOUTHSIDE DRIVE</b>	
CITY-ST-ZIP	<b>HOLT FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MCKINNEY, LARUE</b>	
STREET ADDRESS	<b>1112 HWY 90 WEST</b>	
CITY-ST-ZIP	<b>HOLT FL</b>	
TITLE	<b><del>D</del> NICHOLS, FRANK</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>U.S. 90 W.</b>	
STREET ADDRESS	<b>HOLT FL</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Brenda C. Holt* *Brenda C. Holt* 3-14-96 904-537-4529  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)