

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 # 754597 (3)

1. Corporation Name
PACE ASSEMBLY MINISTRIES, INC.



Principal Place of Business: %GLYN LOWERY, JR, 3948 HWY 90, PACE FL 32571-8998
Mailing Address: %GLYN LOWERY, JR, 3948 HWY 90, PACE FL 32571-8998

3. Date Incorporated or Qualified: 10/13/1980
3a. Date of Last Report: 03/20/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-1944606	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOWERY, GLYN, JR 3948 HWY 90 PACE FL 32571-8998				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSBEE, MACK H, SR			1.2 NAME			
STREET ADDRESS	3948 HWY 90			1.3 STREET ADDRESS			
CITY-ST-ZIP	PACE, FL 00000			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, A M			2.2 NAME			
STREET ADDRESS	3948 HWY 90			2.3 STREET ADDRESS			
CITY-ST-ZIP	PACE, FL 00000			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENFINGER, DONALD W.			3.2 NAME			
STREET ADDRESS	3948 HWY 90			3.3 STREET ADDRESS			
CITY-ST-ZIP	PACE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOWERY, GLYN, JR			4.2 NAME			
STREET ADDRESS	3948 HWY 90			4.3 STREET ADDRESS			
CITY-ST-ZIP	PACE, FL 00000			4.4 CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DYESS, JAMES D			5.2 NAME	WARRICK, DANNY F		
STREET ADDRESS	3948 HWY 90			5.3 STREET ADDRESS	3948 HWY 90		
CITY-ST-ZIP	PACE, FL 00000			5.4 CITY-ST-ZIP	PACE, FL 32571		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, S G			6.2 NAME			
STREET ADDRESS	3948 HWY 90			6.3 STREET ADDRESS			
CITY-ST-ZIP	PACE, FL 00000			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: A. M. Stewart A. M. STEWART D 3/2/96 (904) 994-7131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)