

**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 # **N44133 (9)**  
1. Corporation Name  
**FREEMPORT ASSEMBLY OF GOD, INCORPORATED**



Principal Place of Business <b>P. O. BOX 670 U.S. HIGHWAY 331 SOUTH FREEMPORT, FL.32439 32439</b>	Mailing Address <b>P. O. BOX 670 U.S. HIGHWAY 331 SOUTH FREEMPORT, FL.32439 32439</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/25/1991</b>	3a. Date of Last Report <b>02/03/1995</b>
21		26		4. FEI Number <b>59-2007867</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 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 <b>WILLIAMS, GORDON U.S. HIGHWAY 331 SOUTH FREEMPORT FL</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	TITLE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>MITCHUM, RONNIE</b>	1.2 NAME		1.2 NAME	<b>JOHNSON, CHARLES</b>		
STREET ADDRESS	<b>HWY 331 S</b>	1.3 STREET ADDRESS		1.3 STREET ADDRESS	<b>P.O. Box 986</b>		
CITY-ST-ZIP	<b>FREEMPORT FL</b>	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>FREEMPORT, FL. 32439</b>		
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FARRIS, EDDIE E.</b>	2.2 NAME		2.2 NAME			
STREET ADDRESS	<b>P O BOX 295 N/A</b>	2.3 STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FREEMPORT FL</b>	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILLIAMS, GORDON</b>	3.2 NAME		3.2 NAME			
STREET ADDRESS	<b>FOUR MILE RD.</b>	3.3 STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FREEMPORT FL</b>	3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP		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: *Re Charles E Johnson* 1-27-96 835-2098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)