

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N49875** (0)
1. Corporation Name
AUBURN ASSEMBLY OF GOD OF CRESTVIEW, INC.

Principal Place of Business Mailing Address
**6144 HIGHWAY 85 NORTH
CRESTVIEW FL 32536
US** **6144 HIGHWAY 85 NORTH
CRESTVIEW FL 32536
US**

FILED
95 FEB 17 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/13/1992** 3a. Date of Last Report **02/07/1994**
4. FEI Number **59-2245018** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**SENN, WILLIAM CARROLL
6144 HIGHWAY 85 NORTH
CRESTVIEW FL 32536**

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 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

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

(NOTE: Registered Agent signature required when reselecting)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PD
NAME SENN, WILLIAM CARROLL
STREET ADDRESS 3777 GOLDEN ACRES CIR
CITY - ST - ZIP CRESTVIEW FL
TITLE D
NAME PITTS, JAMES WESLEY
STREET ADDRESS 5996 BIRD DRIVE
CITY - ST - ZIP CRESTVIEW FL
TITLE D
NAME BOLING, JOHNNY V. SR.
STREET ADDRESS 1616 DATE PALM DRIVE
CITY - ST - ZIP NICEVILLE FL
TITLE D
NAME CHESTNUT, WILLIAM A
STREET ADDRESS 116 STEPHENS LANE
CITY - ST - ZIP CRESTVIEW FL
TITLE D
NAME BARFIELD, WILLIAM L
STREET ADDRESS 6179 SUNDEW AVENUE
CITY - ST - ZIP CRESTVIEW FL
TITLE D
NAME MATTINGLY, JAMES
STREET ADDRESS 6082 BLUEBERRY LANE
CITY - ST - ZIP CRESTVIEW FL

13. 1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME **D**
4.3 STREET ADDRESS **HALLFORD, WILSON**
4.4 CITY - ST - ZIP **925 E. EDNEY AVE
CRESTVIEW, FL 32536**
5.1 TITLE Change Addition
5.2 NAME **D**
5.3 STREET ADDRESS **EASTLACK, HOWARD**
5.4 CITY - ST - ZIP **RT 1, Box 77A
LAUREL HILL, FL 32567**
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)(b), 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: *Rev William C Senn* **W.C. Senn** **2/5/95** **(904) 682-6357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (System Name)