

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 # **N49875 (0)**

1. Corporation Name
AUBURN ASSEMBLY OF GOD OF CRESTVIEW, INC.



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

3. Date Incorporated or Qualified: **07/13/1992**
3a. Date of Last Report: **02/17/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2245018**
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: **SENN, WILLIAM CARROLL 6144 HIGHWAY 85 NORTH CRESTVIEW FL 32536**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENN, WILLIAM CARROLL	1.2 NAME	
STREET ADDRESS	3777 GOLDEN ACRES CIR	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, JAMES WESLEY	2.2 NAME	HUBBARD, CHARLIE O., Jr.
STREET ADDRESS	5996 BIRD DRIVE	2.3 STREET ADDRESS	1112 Country Living Road
CITY - ST - ZIP	CRESTVIEW FL	2.4 CITY - ST - ZIP	BAKER, FL 32531
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLING, JOHNNY V. SR.	3.2 NAME	Vanderford, Claude H.
STREET ADDRESS	1616 DATE PALM DRIVE	3.3 STREET ADDRESS	4933 Okaloosa Lane
CITY - ST - ZIP	NICEVILLE FL	3.4 CITY - ST - ZIP	Crestview, FL 32539
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLFORD, WILSON	4.2 NAME	
STREET ADDRESS	925 E EDNEY AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTLACK, HOWARD	5.2 NAME	
STREET ADDRESS	RT 1 BOX 77A N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAUREL HILL FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTINGLY, JAMES	6.2 NAME	
STREET ADDRESS	6082 BLUEBERRY LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL	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: *Rev W C Senn* Rev. W. C. Senn 1/22/96 (904) 682-6357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)