

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90026 026 ****61.25

DOCUMENT # N49875
 1. Entity Name
AUBURN ASSEMBLY OF GOD OF CRESTVIEW, INC.



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

40015325



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2245018 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WILLIAMSON, RONALD D
5774 WILDWOOD ROAD
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SUMRALL, SHELTON F	
STREET ADDRESS	5315 FOUR LAKE DR.	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input type="checkbox"/> Delete
NAME	WITHROW, RUSSELL D	
STREET ADDRESS	6469 FLORIDA AVE.	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, DAVID W	
STREET ADDRESS	5743 BUCKWARD RD.	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMSON, RONALD	
STREET ADDRESS	5774 WILDWOOD ROAD	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARMICAL, THOMAS R JR	
STREET ADDRESS	205 ORIOLE PLACE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARROW, DEWIE	
STREET ADDRESS	137 E. 4TH AVE.	
CITY-ST-ZIP	CRESTVIEW FL 32539	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEEKS, OLIFF P.	
STREET ADDRESS	6110 SONNY LANE	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald D. Williamson* **Ronald D. Williamson** **2/2/05** **850-682-6357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #