

FILE NOW. FILING FEE AFTER MAY 1 IS \$100.00

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95 MAY -1 AM 8:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Florida B. Markham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000004153 (2)
 1. Corporation Name
ST. JOE ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business Mailing Address
309 6TH STREET PORT ST. JOE FL 32456
POST OFFICE BOX 668 PORT ST. JOE FL 32456

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

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 3a. Date of Last Report
08/19/1994
 4. FEI Number Applied For
59-3210324 Not Applicable
 5. Certificate of Status Desired **\$0.75** 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

g. Name and Address of Current Registered Agent
WHITE, L. WAYNE
309 6TH STREET
PORT ST. JOE FL 32456

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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (b)(1) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	D WHITE, L. WAYNE 129 BARBARA DRIVE PORT ST. JOE FL 32456	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D RICHTER, CARL 2110 LONG AVENUE, (BOX 1120) PORT ST. JOE FL 32456	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1008 Marvin Ave (Box 1120)
TITLE NAME STREET ADDRESS CITY ST ZIP	D SOWELL, DALTON 1028 MCCLELLAN AVENUE PORT ST. JOE FL 32456	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RIDGLEY, ROBERT C. 323 Atlantic Street Port St. Joe FL 32456
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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 manager 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 or changed, or on an attachment, with an address.

SIGNATURE:  **L. Wayne White** 5/1/95 (904) 227-1745
Signature attested on printed name of signing officer or director (b)(6) Chapter 617, Florida Statutes