

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 # **732083** (1)

1. Corporation Name

FIRST ASSEMBLY OF GOD OF CALLAHAN, INC.



Principal Place of Business

Mailing Address

201 S KINGS RD
CALLAHAN FL 32011
US

PO DRAWER O
CALLAHAN FL 32011
US

3. Date Incorporated or Qualified

03/07/1975

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

Nassau

Nassau

4. FEI Number

59-2065865

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



\$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

10. Name and Address of New Registered Agent

**HEALY, PAUL J., ESQ.
10420 LEM TURNER ROAD
JACKSONVILLE FL 32218**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, TONY	
STREET ADDRESS	RT 5 BOX 7073 N/A	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, SCOTT	
STREET ADDRESS	RT 4 BOX 153 N/A	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PHINAZEE, HERBERT .W	
STREET ADDRESS	P.O. BOX 838 N/A	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, JAMES	
STREET ADDRESS	RT 4 BOX 24	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOHNSON, RUDY	
STREET ADDRESS	RT 2, BOX 233 F-3	
CITY-ST-ZIP	HILLIARD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DOWD, ELMER	
STREET ADDRESS	RT 5, BOX 2059-L	
CITY-ST-ZIP	CALLAHAN FL	

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tony Jones	
1.3 STREET ADDRESS	same	
1.4 CITY-ST-ZIP	same	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wilson, Mark	
6.3 STREET ADDRESS	Rt 4 Box 564	
6.4 CITY-ST-ZIP	Callahan, FL 32011	

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:

Herbert W. Phinazee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96
Date

(904) 879-1833
Dialing Prefix

CR2E037 (12/95)