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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

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DOCUN 1. Corporation	MENT # 73314	2 (4)			
•		OD INC			
FAIIT	TEMPLE ASSEMBLY OF G	IOU, INC.		1 (0 0)41 12000 E400 E4101 11011 0101	
Principal Place	of Business	Mailing Address			18 110: ALDIE OLDIE OLDIE BEOLE BIBLE OLOIE 1004
504 MICHIGAN AVE. 504 MICHIGAN AVE PENSACOLA FL 32505 PENSACOLA FL 325		~			
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				Date Incorporated or Qualified	2c Data of Last David
				06/23/1975	3a. Date of Last Report 04/12/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2513908	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No
	9. Name and Address of Curre			10. Name and Address of New F	
			81 Name		
WALKER, JULIAN C REV 5222 CHIMES WAY			82 Street	Address (P.O. Box Number is Not Acceptate	olo)
			Joz Sirect	Addited (1.0. Dox Northber is Not Addeptat	ле,
PENSACO	OLA FL 32505		83		
I LITURUI			B4 City		85 Zip Code
LHONO					- 100 Ep Code
	o the provisions of Sections 617 050	2 and \$17 1500 Florido Statut			FL 65 Zip Code
11. Pursuant to or registere	o the provisions of Sections 617.050; ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	2 and 617,1508, Florida Statut ida. Such change was authoriz tion 617,0503, Florida Statutes	tes, the above-named cozed by the corporation's	orporation submits this statement for the pure board of directors. I hereby accept the app	
11. Pursuant to or registere familiar with SIGNATURE	n, and accept the obligations of, Sec	tion 617.0503, Florida Statutes	tes, the above-named cozed by the corporation's		rpose of changing its registered office ointment as registered agent. I am
11. Pursuant to or registere familiar with SIGNATURE	n, and accept the obligations of, Sec Signature, typed or printed name of registered agon	tion 617.0503, Florida Statutes	tes, the above-named cozed by the corporation's		rpose of changing its registered office ointment as registered agent. I am
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certify that the information indicated on this armost report or supplemental axide index and accurate and that ny signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trube 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 the national made and address.

SIGNATURE:

James Wood, Secretary 03/21/96 (904)432-6911