

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 735923 (5)
 1. Corporation Name
HOLLEY ASSEMBLY OF GOD, INC.



Principal Place of Business: **3850 HWY 87 NAVARRE FL 32566**
 Mailing Address: **% NORMAN G. COLEMAN 9400 OCTAVIA LANE NAVARRE FL 32566**

3. Date Incorporated or Qualified: **05/25/1976**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **59-2236252**
 Applied For: Not Applicable
 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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**HAROLD L. SMITH
 3078 HOLLEY POINT ROAD
 NAVARRE FL 32566**

10. Name and Address of New Registered Agent
 81 Name: **HAROLD L. SMITH**
 82 Street Address (P.O. Box Number is Not Acceptable): **3661 HWY 87**
 83 City: **NAVARRE FL 32566**
 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, and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0509, Florida Statutes.
 SIGNATURE: **HAROLD L. SMITH** DATE: **6/11/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE <input type="checkbox"/>
NAME	COLEMAN, NORMAN G	
STREET ADDRESS	9400 OCTAVIA LANE	
CITY - ST - ZIP	NAVARRE FL 32566	
TITLE	D	DELETE <input type="checkbox"/>
NAME	ROSE, III, RUFUS E.	
STREET ADDRESS	8805 WAYNELL CT	
CITY - ST - ZIP	NAVARRE FL 32566	
TITLE	D	DELETE <input type="checkbox"/>
NAME	JERNIGAN, C.G.	
STREET ADDRESS	3687 KOREY LANE	
CITY - ST - ZIP	NAVARRE FL 32566	
TITLE	STD	DELETE <input type="checkbox"/>
NAME	SMITH, HAROLD L.	
STREET ADDRESS	3078 HOLLEY POINT ROAD	
CITY - ST - ZIP	NAVARRE FL 32566	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
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: **HAROLD L. SMITH** DATE: **6/11/96**
 1-904-939-2181

CP2E037 (3/96)