

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90018 005 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # 735923 ✓

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	26	05/25/1976
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
2	27	59-2236252
City & State	City & State	Applied For
3	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
4	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing Trust Fund Contribution
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HAROLD L. SMITH  
 3661 HWY. 87  
 NAVARRE FL 32566

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, NORMAN G	1.2 NAME	
STREET ADDRESS	9400 OCTAVIA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL 32566	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, III, RUFUS E.	2.2 NAME	
STREET ADDRESS	8805 WAYNELL CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL 32566	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, C.G.	3.2 NAME	
STREET ADDRESS	3687 KOREY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE-FL 32566	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HAROLD L.	4.2 NAME	
STREET ADDRESS	3078 HOLLEY POINT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL 32566	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 7-4-99 Daytime Phone #: 850-939-3257

CR2E037 (5/99)