## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2004 8:00 am Secretary of State **DOCUMENT #735923** 04-28-2004 90214 013 \*\*\*\*70.00 1. Entity Name HOLLEY ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address **4300001**6 % NORMAN G. COLEMAN 4006 HWY 87 NAVARRE, FL 32566 9400 OCTAVIA LANE NAVARRE, FL 32566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant. #. etc. 04222004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3548428 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAROLD L. SMITH Street Address (P.O. Box Number is Not Acceptable) 3661 HWY, 87 NAVARRE, FL 32566 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE □ Delete TITLE Change TURNER, MARK C COLEMAN, NORMAN G NAME NAME 2081 RIVER BIRCH RD. GULF BREEZE, FL 3 STREET ADDRESS 9400 OCTAVIA LANE STREET ADDRESS 32563 NAVARRE FL 32566 CITY-ST-ZIP CDY-ST-7IP ✓ Addition Delete TIT? F Change TOLBERT, TEDDIE LAMAR 3675 GINGER LANE NAME ROSE, III, RUFUS E. NAME 8805 WAYNELL CT STREET ADDRESS STREET ADDRESS NAVARRE, FL 32566 CITY-ST-ZIP NAVARRE, FL City-St-ZIP TITLE Delete TITLE Change ☐ Addition JERNIGAN, C.G. NAME NAME STREET ADDRESS 3687 KOREY LANE STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP ☐ Addition STD TITI F ☐ Change TITLE ☐ Delete NAME SMITH, HAROLD L. 3078 HOLLEY POINT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAVAREE, FL 32566 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ Addition TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other (ike empowered. SIGNATURE: SIGNING OFFICER OR DIRECTOR Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF

FILED