SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL -7 AM 8:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 736945 (7)

1. Corporation Name

CHURCH WITH GOD AND CHRIST OF ALACHUA, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
105 SE DOUGLAS STREET HIGH SPRINGS FL. P. O. BOX 194 ALACHUA FL 32615-0194	105 SE DOUGLAS STREET HIGH SPRINGS FL. P. O. BOX 194 ALACHUA FL 32615-0194

3. Date Incorporated or Qualified: 09/30/1976
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2892729 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ FILING FEE IS $61.25
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

CURTIS, HIRAM B.
~~RT. 3, BOX 1521~~ 15620 W 134 TERRICE
P.O. BOX 194
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name: Hiram B Curtis SR
82 Street Address (P.O. Box Number Is Not Acceptable): 15620 W. 134 TERRICE
83: PO BOX 194
84 City: Alachua FL 85 Zip Code: 32615

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: Hiram B Curtis 15620 W. 134 Terr PO 194 Alachua FL 32615 6 30 95
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	P	1.1 TITLE: P	☑ Change ☐ Addition
NAME	CURTIX, HIRAM B SR	1.2 NAME: Hiram B. Curtis SR	
STREET ADDRESS	RT 3, BOX 194	1.3 STREET ADDRESS: 15620 W. 134 TERRA PO BOX 194	
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP: Alachua FL 32615	
TITLE	VP	2.1 TITLE:	☐ Change ☐ Addition
NAME	CURTIS, MAURICE O	2.2 NAME:	
STREET ADDRESS	RT 3, BOX 1521	2.3 STREET ADDRESS:	
CITY-ST-ZIP	LAKE BUTLER FL	2.4 CITY-ST-ZIP:	
TITLE	T	3.1 TITLE: T	☑ Change ☐ Addition
NAME	CARTER, JONNIE	3.2 NAME: Anthony Hiram Curtis	
STREET ADDRESS	305 SE 1 PLACE	3.3 STREET ADDRESS: 15620 W 134 TERRICE PO 194	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP: Alachua Fla 32615	
TITLE	T	4.1 TITLE:	☐ Change ☐ Addition
NAME	CURTIS, MAURICE H.	4.2 NAME:	
STREET ADDRESS	ROUTE 3 BOX 1521	4.3 STREET ADDRESS:	
CITY-ST-ZIP	LAKE BUTLER FL	4.4 CITY-ST-ZIP:	
TITLE	T	5.1 TITLE: T	☑ Change ☐ Addition
NAME	REYNOLDS, HENRY	5.2 NAME: Dano Curtis	
STREET ADDRESS	RT. 3 BOX 1521	5.3 STREET ADDRESS: Rt 4 Box 412.	
CITY-ST-ZIP	LAKE BUTLER FL	5.4 CITY-ST-ZIP: Alachua Fla 32615	
TITLE	D	6.1 TITLE: D	☐ Change ☐ Addition
NAME	CURTIS, GEORGE J	6.2 NAME: Elouise Williams APM	
STREET ADDRESS	205 SE 7 AVE - PO BOX 747	6.3 STREET ADDRESS: 154 mercer PO BOX 941	
CITY-ST-ZIP	ALACHUA FL	6.4 CITY-ST-ZIP: Alachua Fla 32615	

CR2E037 (3/95)

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)(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.

SIGNATURE: Hiram B Curtis Hiram B. Curtis SR 6 30 95 904 462 9035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003287