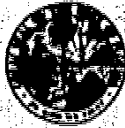


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 736945 (7)

1. Corporation Name

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

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

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

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. 199.052, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Hiram B. Curtis SR
82 Street Address (P.O. Box Number is Not Acceptable) 15620 W. 134 TERRIOR
83 P.O. 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 P.O. Box 194 Alachua FL 32615 6 30 95

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	CURTIS, HIRAM B SR
STREET ADDRESS	RT 3, BOX 194
CITY - ST - ZIP	ALACHUA FL
TITLE	VP
NAME	CURTIS, MAURICE O
STREET ADDRESS	RT 3, BOX 1521
CITY - ST - ZIP	LAKE BUTLER FL
TITLE	T
NAME	CARTER, JONNIE
STREET ADDRESS	305 SE 1 PLACE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	T
NAME	CURTIS, MAURICE H.
STREET ADDRESS	ROUTE 3 BOX 1521
CITY - ST - ZIP	LAKE BUTLER FL
TITLE	T
NAME	REYNOLDS, HENRY
STREET ADDRESS	RT. 3 BOX 1521
CITY - ST - ZIP	LAKE BUTLER FL
TITLE	D
NAME	CURTIS, GEORGE J
STREET ADDRESS	205 SE 7 AVE - PO BOX 747
CITY - ST - ZIP	ALACHUA FL

1.1 TITLE	P
1.2 NAME	Hiram B. Curtis SR
1.3 STREET ADDRESS	15620 W. 134 TERRIOR PO BOX 194
1.4 CITY - ST - ZIP	ALACHUA FL 32615
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	T
3.2 NAME	ANTHONY HIRAM CURTIS
3.3 STREET ADDRESS	15620 W 134 TERRIOR PO 194
3.4 CITY - ST - ZIP	ALACHUA FLA 32615
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	T
5.2 NAME	DAVID CURTIS
5.3 STREET ADDRESS	RT 4 BOX 412
5.4 CITY - ST - ZIP	ALACHUA FLA 32615
6.1 TITLE	D
6.2 NAME	ELOUISA WILLIAMS APM
6.3 STREET ADDRESS	154 MERRILL PO BOX 941
6.4 CITY - ST - ZIP	ALACHUA FLA 32615

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 110.07(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:

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)

(Signature Here)