

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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.



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
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 15 SE DOUGLAS ST

26 PO BOX 194

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 HIGH SPRINGS FLA

28 ALACHUA FLA

Zip

Country

Zip

Country

24 32616

25 ALACHUA

29 32615

30 ALACHUA

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURTIS, HIRAM B.
15620 W 134 TERRACE
P.O. BOX 194
ALACHUA FL 32615

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 *Hiram B. Curtis P.*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	CURTIS, HIRAM B.	RT 3, BOX 194	ALACHUA FL	<input checked="" type="checkbox"/>
VP	CURTIS, MAURICE O	RT 3, BOX 194	LAKE BUTLER FL	<input checked="" type="checkbox"/>
T	RAM CARTER, ANTHONY H	15620 W 134 TERRACE P O 194	ALACHUA FL	<input checked="" type="checkbox"/>
T	CURTIS, MAURICE H.	ROUTE 3 BOX 1521	LAKE BUTLER FL	<input checked="" type="checkbox"/>
T	CURTIS, DAVID	RT 4 BOX 412	ALACHUA FL	<input checked="" type="checkbox"/>
D	WILLIAM, ELOUISE	154 MERREAL P O BOX 941	ALACHUA FL	<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 DELETE
P	HIRAM B. CURTIS	15620 W 134 TERRACE	PO BOX 194	ALACHUA FL 32615
VP	MAURICE O CURTIS	15620 W 134 TERRACE	PO 194	ALACHUA FL 32615
T	ANTHONY H CARTER	15620 W 134 TERRACE	PO 194	ALACHUA FL 32616
T	MAURICE H CURTIS	15620 W 134 TERRACE	PO 194	ALACHUA FL 32615
T	DAVID CURTIS	RT 4 BOX 412		ALACHUA FL 32616

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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: *Hiram B. Curtis P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 815/196

CR2E037 (12/95)