

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746298 (9)
1. Corporation Name
CENTRAL ASSEMBLY OF GOD OF AUBURDALE, INC.



Principal Place of Business
**601 LEMON ST.
P.O. BOX 668
AUBURDALE FL 33823**

Mailing Address
**601 LEMON ST.
P.O. BOX 668
AUBURDALE FL 33823**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/19/1979		3a. Date of Last Report 02/09/1995	
21		26		4. FEI Number 59-1859744		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DONAHUE, JOHN P 156 ABUNDANT LIFE DRIVE AUBURDALE FL 33823				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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92			
TITLE <input type="checkbox"/> DELETE NAME ST FOX, DIANE STREET ADDRESS 205 CAROL BLVD. #C CITY-STATE-ZIP AUBURDALE FL				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2260 PALMVIEW AVENUE AUBURDALE, FL.			
TITLE <input type="checkbox"/> DELETE NAME GILMORE, J EARL STREET ADDRESS 1206 SUSAN LANE CITY-STATE-ZIP AUBURDALE, FL 00000				<input type="checkbox"/> Change <input type="checkbox"/> Addition 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME HOLMES, W T STREET ADDRESS 610 LEMON ST CITY-STATE-ZIP AUBURDALE, FL 00000				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME MILLS, BILL STREET ADDRESS PO BOX 1548 358 SUMMER PLACE CITY-STATE-ZIP AUBURDALE FL				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP			
TITLE <input type="checkbox"/> DELETE NAME ALBRITTON, ORAIN STREET ADDRESS 585 STATE ROAD #559 CITY-STATE-ZIP AUBURDALE FL				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP			
TITLE <input type="checkbox"/> DELETE NAME DONAHUE, JOHN P STREET ADDRESS 156 ABUNDANT LIFE DRIVE CITY-STATE-ZIP AUBURDALE FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP			

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:

John P. Donahue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-96 (941)967-2876

Date Daytime Phone #

CR2E037 (12/95)