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 # **756375** **(2)**

1. Corporation Name

DUNEDIN ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
885 LAKE HAVEN RD PO BOX 1555 DUNEDIN FL 34697	885 LAKE HAVEN RD PO BOX 1555 DUNEDIN FL 34697

3. Date Incorporated or Qualified: **02/16/1981**

3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-2062533** ☐ 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

KEATON, O. D
1511 PATRICIA AVE.
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when qualifying)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	11 TITLE	TD	☐ Change ☐ Addition
NAME	BECK, ROBERT		12 NAME	BECK, ROBERT	
STREET ADDRESS	584 STILL MEADOWS CIRCLE, W.		13 STREET ADDRESS	584 STILL MEADOWS CIRCLE, W.	
CITY-ST-ZIP	PALM HARBOR FL		14 CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	CD	☐ DELETE	21 TITLE	CD	☐ Change ☐ Addition
NAME	KEATON, O. D		22 NAME	KEATON, O.D.	
STREET ADDRESS	1511 PATRICIA AVENUE		23 STREET ADDRESS	1511 PATRICIA AVENUE	
CITY-ST-ZIP	DUNEDIN FL		24 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	SD	☒ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, JAMES		32 NAME	SD	
STREET ADDRESS	1798 SUFFOLK DR.		33 STREET ADDRESS	LARRY LAKINS	
CITY-ST-ZIP	CLEARWATER FL		34 CITY-ST-ZIP	2019 HARDIN - CLEARWATER, FL 34615	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME	100001 FLT741	
STREET ADDRESS			43 STREET ADDRESS	03/25/96- 01030--006	
CITY-ST-ZIP			44 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME	M. M.	
STREET ADDRESS			63 STREET ADDRESS	3-18-96	
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(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: O.D. Keaton — O.D. KEATON — 1-31-96 — 813-733-7205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #