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Apr 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10032 (3)

1. Corporation Name

MAXVILLE ASSEMBLY OF GOD, INC.

Principal Place of Business

Mailing Address

9140 HIGHWAY 301 S
JACKSONVILLE FL 322349140 HIGHWAY 301 S
JACKSONVILLE FL 32234-2604

3. Date Incorporated or Qualified

07/02/1985

3a. Date of Last Report

05/01/1996

4. FEI Number

NOT-APPLICABLE 59-2236288

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

ADKINS, LINDA L.
17399 NORMANDY BLVD.
MAXVILLE FL 32234

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ADKINS, LINDA L.
STREET ADDRESS 9140 HWY. 301 S.
CITY - ST - ZIP JACKSONVILLE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE VD ☐ DELETE
NAME SCAIFE, WILLIAM O., III
STREET ADDRESS 619 PERDIDO DR.
CITY - ST - ZIP ORANGE PARK FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10426 Innisbrooke Drive
2.4 CITY - ST - ZIP Jacksonville, FL 32222TITLE SD ☐ DELETE
NAME ADKINS, HOWARD C.
STREET ADDRESS 17399 NORMANDY BLVD.
CITY - ST - ZIP JACKSONVILLE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE TD ☐ DELETE
NAME LOWERY, STAN
STREET ADDRESS 6173 ISLAND FOREST DR.
CITY - ST - ZIP ORANGE PARK FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 1133 Copper Creek Drive
4.4 CITY - ST - ZIP Macclenny, FL 32063TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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:

Sandra B. Mortham Linda L. Adkins

Date

Daytime Phone # 904-256-2566

CP2E037 (9/96)