

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90016 012 ****61.25

DOCUMENT # N10032

1. Corporation Name

MAXVILLE ASSEMBLY OF GOD, INC.

Principal Place of Business
9140 HIGHWAY 301 S
JACKSONVILLE FL 32234

Mailing Address
9140 HIGHWAY 301 S
JACKSONVILLE FL 32234



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/02/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2236288

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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 FL

1.1 TITLE ☐ Change ☐ Addition

NAME ADKINS, LINDA L.
STREET ADDRESS 9140 HWY. 301 S.
CITY-ST-ZIP JACKSONVILLE FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME SCAIFE, WILLIAM O., III
STREET ADDRESS 10426 INNISBROOKE DRIVE
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

NAME SCAIFE, WILLIAM O., III
STREET ADDRESS 10426 INNISBROOKE DRIVE
CITY-ST-ZIP JACKSONVILLE FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME ADKINS, HOWARD C.
STREET ADDRESS 17399 NORMANDY BLVD.
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition

NAME ADKINS, HOWARD C.
STREET ADDRESS 17399 NORMANDY BLVD.
CITY-ST-ZIP JACKSONVILLE FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME LOWERY, STAN
STREET ADDRESS 1133 COPPER CREEK DR
CITY-ST-ZIP MACCLENNY FL

4.1 TITLE ☐ Change ☐ Addition

NAME LOWERY, STAN
STREET ADDRESS 1133 COPPER CREEK DR
CITY-ST-ZIP MACCLENNY FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Linda L. Adkins **SIGNATURE REQUIRED** LINDA L. ADKINS 5/26/99 289-9727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)