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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N13738 (2)

1. Corporation Name

SPRINGHEAD ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
6637 COUNTY LINE RD PLANT CITY FL 33567	6637 COUNTY LINE RD PLANT CITY FL 33567-8688

Springhead Assembly of God

2. Principal Place of Business	2a. Mailing Address
21 ~~6637 County Line Rd~~	26 Springhead Assembly of God
Suite, Apt. #, etc. 22 6637 County Line Rd.	Suite, Apt. #, etc. 27 6637 County Line Rd.
City & State 23 Plant City, Fl.	City & State 28 Plant City, Fl.
Zip / Country 24 33567 / 25 Hillsborough	Zip / Country 29 33567 / 30 Hillsborough

3. Date Incorporated or Qualified: 02/28/1986
3a. Date of Last Report: 03/11/1996
4. FEI Number: 59-2509313 ☐ 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

HONAKER, JOHNNY L.
6637 COUNTY LINE RD
PLANT CITY FL 33567

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 Johnny L Honaker - President - Johnny L Honaker February 6, 1997
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	1.1 TITLE	TR	☐ Change ☑ Addition
NAME	HONAKER, JOHNNY L		1.2 NAME	BRIAN CONNELL	
STREET ADDRESS	6637 COUNTRYLINE RD		1.3 STREET ADDRESS	4633 CASTLEWOOD RD.	
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	SEFFNER, FL. 33584	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, STEVE		2.2 NAME		
STREET ADDRESS	1196 THOMASVILLE CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	T/S/D	☑ Change ☐ Addition
NAME	FLIZHMAN, ROGER		3.2 NAME	FLIEHMAN, ROGER	
STREET ADDRESS	17 CHESTNUT DR		3.3 STREET ADDRESS	17 CHESTNUT DR.	
CITY-ST-ZIP	PLANT CITY FL		3.4 CITY-ST-ZIP	Plant City, Fl. 33565	
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, MASON		4.2 NAME		
STREET ADDRESS	612 W KEYSVILLE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	TR/D	☑ Change ☐ Addition
NAME	MURPHY, ROGER		5.2 NAME	MURPHY, ROGER	
STREET ADDRESS	3301 E TRAPNELL RD		5.3 STREET ADDRESS	3301 E TRAPNELL RD.	
CITY-ST-ZIP	PLANT CITY FL		5.4 CITY-ST-ZIP	Plant City, Fl. 33565	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Johnny L Honaker - President Johnny L Honaker February 6, 1997 813-754-6089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046216

REQUIRED