

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 AM 11:01

DOCUMENT # **N16821** (3)

1. Corporation Name
SUWANNEE RIVER ASSEMBLY OF GOD, INC.

Principal Place of Business Mailing Address
**C/O RONNIE E CHRISTIAN
SUWANNEE AVENUE
BRANFORD FL 32008**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1986	3a. Date of Last Report 02/03/1994
4. FEI Number 59-2240730	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business C/O RONNIE E. CHRISTIAN	26. Mailing Address C/O RONNIE E. CHRISTIAN
22. Suite, Apt. #, etc. 26471 STATE ROAD 247	27. Suite, Apt. #, etc. P.O. Box 207
23. City & State BRANFORD, FL	28. City & State BRANFORD, FL
24. Zip 32008	29. Zip 32008

9. Name and Address of Current Registered Agent

**CHRISTIAN, RONNIE E
E LACQUEY RD
BRANFORD FL 32008**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. 7756 264th ST. GOVERNOR ST.
84. City BRANFORD, FL 85. Zip Code 32008

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Ronnie E Christian* DATE **4-24-95**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, RONNIE E	1.2 NAME	
STREET ADDRESS	E. LACQUEY ROAD	1.3 STREET ADDRESS	7756 264th ST. - GOVERNOR ST.
CITY - ST - ZIP	BRANFORD FL	1.4 CITY - ST - ZIP	BRANFORD, FL 32008
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, A. M	2.2 NAME	
STREET ADDRESS	12905 N.W. 202ND STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALACHUA FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOUGHT, JOSEPH R	3.2 NAME	
STREET ADDRESS	ROAD C-248	3.3 STREET ADDRESS	
CITY - ST - ZIP	O'BRIEN FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, MELVIN C.	4.2 NAME	
STREET ADDRESS	BIBBY RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	O'BRIEN FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 110.07(3)(b), 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: *Ronnie E Christian, PD* DATE: **4-24-95** TELEPHONE: **(904) 935-1713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR