

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 # **N16821** (3)

1. Corporation Name

SUWANNEE RIVER ASSEMBLY OF GOD, INC.



Principal Place of Business

Mailing Address

C/O RONNIE E CHRISTIAN
26471 STATE ROAD 247
BRANFORD FL 32008
US

C/O RONNIE E CHRISTIAN
P.O. BOX 207
BRANFORD FL 32008
US

3. Date Incorporated or Qualified

09/16/1986

3a. Date of Last Report

05/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

59-2240730

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

10. Name and Address of New Registered Agent

**CHRISTIAN, RONNIE E
E LACQUEY RD
7756 264TH ST., GOVERNOR ST.
BRANFORD FL 32008**

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 **CHRISTIAN, RONNIE E**
STREET ADDRESS **7756 264TH ST., GOVERNOR ST.**
CITY-ST-ZIP **BRANFORD FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** DELETE
NAME **STRICKLAND, A. M**
STREET ADDRESS **12905 N.W. 202ND STREET**
CITY-ST-ZIP **ALACHUA FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** DELETE
NAME **VOUGHT, JOSEPH R**
STREET ADDRESS **ROAD C-248**
CITY-ST-ZIP **O'BRIEN FL**

3.1 TITLE Change Addition
3.2 NAME **SD VOUGHT, JOSEPH R.**
3.3 STREET ADDRESS **6754 COUNTY ROAD R48**
3.4 CITY-ST-ZIP **O'BRIEN, FL**

TITLE **D** DELETE
NAME **LEE, MELVIN C.**
STREET ADDRESS **BIBBY RD.**
CITY-ST-ZIP **O'BRIEN FL**

4.1 TITLE Change Addition
4.2 NAME **P LEE, MELVIN C.**
4.3 STREET ADDRESS **8762 252ND ST.**
4.4 CITY-ST-ZIP **O'BRIEN, FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
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
6.2 NAME
6.3 STREET ADDRESS
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 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: *Ronnie E Christian PD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 (904) 935-1713
Date Daytime Phone #

CR2E037 (12/95)