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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 32008-0207
US

3. Date Incorporated or Qualified
09/16/1986

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2240730

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTIAN, RONNIE E
E LACQUEY RD
7758 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	<input type="checkbox"/> DELETE
NAME	CHRISTIAN, RONNIE E	
STREET ADDRESS	7758 264TH ST., GOVERNOR ST.	
CITY - ST - ZIP	BRANFORD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STRICKLAND, A. M	
STREET ADDRESS	12905 N.W. 202ND STREET	
CITY - ST - ZIP	ALACHUA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	YOUGHT, JOSEPH	
STREET ADDRESS	6754 COUNTY ROAD 248	
CITY - ST - ZIP	O'BRIEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, MELVIN C.	
STREET ADDRESS	8762 252ND ST	
CITY - ST - ZIP	O'BRIEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronnie E Christian* JUNE 1997

3.5.97 (904) 935-1713

CR2E037 (9/96)