

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 APR -7 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16874 (2)

1. Corporation Name
CARMEL ASSEMBLY OF GOD CHURCH OF BONIFAY, FL, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
RT. 4 BOX 401 BONIFAY FL 32425	RT. 4 BOX 401 BONIFAY FL 32425

3. Date Incorporated or Qualified 09/19/1986	3a. Date of Last Report 04/27/1994
4. FEI Number 59-1946587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**WOODHAM, CECIL PAUL
RT. 4 BOX 280
BONIFAY FL 32425**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when restoring)

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	WOODHAM, CECIL PAUL
STREET ADDRESS	RT. 4 BOX 280
CITY - ST - ZIP	BONIFAY FL
TITLE	D
NAME	LARRY HAWKINS
STREET ADDRESS	RT. 3, BOX 477
CITY - ST - ZIP	BONIFAY FL
TITLE	D
NAME	LOCKE, W.J.
STREET ADDRESS	RT. 3 BOX 123
CITY - ST - ZIP	BONIFAY FL
TITLE	D
NAME	CORBIN, OTIS, JR.
STREET ADDRESS	RT. 3 BOX 92-A
CITY - ST - ZIP	BONIFAY FL
TITLE	D
NAME	PAUL, OLLEN ODELL
STREET ADDRESS	RT. 3 BOX 125
CITY - ST - ZIP	BONIFAY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Highway #2
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Highway #177
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	n/a
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	n/a
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	n/a
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	100001452641
6.4 CITY - ST - ZIP	-04/10/95--01105--008
	*****61.25 *****61.25

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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CECIL PAUL WOODHAM **2/6/95** **(904) 547-3266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)

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DOCUMENT # **N17147** (2)
1. Corporation Name
MONARCH COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address
**2601 SW MONARCH CLUB DRIVE
PALM CITY FL 34990
US** **2601 SW MONARCH CLUB DRIVE
PALM CITY FL 34990
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/07/1986** 3a. Date of Last Report **02/11/1994**
4. FEI Number **59-2794647** Applied For Not Applicable
5. Certificate of Status Desired **\$5.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**PESHKIN, JOHN R
7800 DEERCREEK CLUB ROAD
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST- ZIP
PD PESHKIN, JOHN R 7800 DEERCREEK CLUB ROAD JACKSONVILLE FL
VPD TOWELL, TIM 2601 SW MONARCH CLUB DR PALM CITY FL
VP CLAYTON, KATHY 1800 LONGMEADOW SARASOTA FL
~~VPD CONOVER, LORI 2601 SW MONARCH CLUB DR PALM CITY FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST- ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST- ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST- ZIP
4.1 TITLE Change Addition
4.2 NAME **VPD Kraybill, Todd**
4.3 STREET ADDRESS **2601 SW Monarch Club Drive**
4.4 CITY-ST- ZIP **Palm City, FL 34990**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST- ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST- ZIP *** DEPOSITED BY BANK**

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 attached sheet with an address.

SIGNATURE: *[Signature]* 4395 407.286.6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)