

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 # **N16874 (2)**
1. Corporation Name

CARMEL ASSEMBLY OF GOD CHURCH OF BONIFAY, FL, IN C.



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

3. Date Incorporated or Qualified: **09/19/1986**
3a. Date of Last Report: **04/07/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1946587	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODHAM, CECIL PAUL
RT. 4 BOX 260
BONIFAY FL 32425**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODHAM, CECIL PAUL	1.2 NAME	
STREET ADDRESS	RT. 4 BOX 260 HWY 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY HAWKINS	2.2 NAME	
STREET ADDRESS	RT. 3, BOX 477 HWY 2	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, W.J.	3.2 NAME	
STREET ADDRESS	RT. 3 BOX 123 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, OTIS. JR.	4.2 NAME	
STREET ADDRESS	RT. 3 BOX 92-A N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, OLLEN ODELL	5.2 NAME	
STREET ADDRESS	RT. 3 BOX 125 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: Otis Corbin **5/25/96** (904) 547-9415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)