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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16874

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



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

09/19/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1946587

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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
LARRY HAWKINS

82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 3 Box 477

83

84 City
Bonifay

FL

85 Zip Code
32425

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

Larry Hawkins

1-19-99

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 D [] DELETE
NAME WOODHAM, CECIL PAUL
STREET ADDRESS RT. 4 BOX 260 HWY 2
CITY-ST-ZIP BONIFAY FL

1.1 TITLE [x] Change [] Addition
1.2 NAME DC
1.3 STREET ADDRESS LARRY HAWKINS
1.4 CITY-ST-ZIP Rt. 3 Box 477 Hwy. #2
BONIFAY, FLORIDA 32425

TITLE DC [] DELETE
NAME LARRY HAWKINS
STREET ADDRESS RT. 3, BOX 477 HWY 2
CITY-ST-ZIP BONIFAY FL

2.1 TITLE [x] Change [] Addition
2.2 NAME D
2.3 STREET ADDRESS CECIL PAUL WOODHAM
2.4 CITY-ST-ZIP RT. 4 BOX 260 HWY. #2
BONIFAY, FLORIDA 32425

TITLE D [] DELETE
NAME LOCKE, W.J.
STREET ADDRESS RT. 3 BOX 123 N/A
CITY-ST-ZIP BONIFAY FL

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME CORBIN, OTIS. JR.
STREET ADDRESS RT. 3 BOX 92-A N/A
CITY-ST-ZIP BONIFAY FL

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME PAUL, OLLEN ODELL
STREET ADDRESS RT. 3 BOX 125 N/A
CITY-ST-ZIP BONIFAY FL

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 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, with all other like empowered.

SIGNATURE: *Larry Hawkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

Date

850-547-3266

Daytime Phone #

CR2E037 (11/98)