

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90067 033 \*\*\*\*61.25

0016345

**DOCUMENT # N16874**

1. Entity Name

**CARMEL ASSEMBLY OF GOD CHURCH OF BONIFAY, FL, IN**

Principal Place of Business

Mailing Address

1485 CARMEL CHURCH ROAD  
 BONIFAY FL 32425

RT. 4 BOX 401  
 BONIFAY FL 32425

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1946587**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAWKINS, LARRY**  
**RT. 3, BOX 477**  
**BONIFAY FL 32425**

**HAWKINS, LARRY**  
**1311 Hwy. 177**  
**Bonifay, FL 32425**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DC	HAWKINS, LARRY	RT. 3, BOX 477 HWY. #2	BONIFAY FL 32425	<input type="checkbox"/>
D	LOCKE, W.J.	RT. 3 BOX 123 N/A	BONIFAY FL	<input type="checkbox"/>
D	CORBIN, OTIS, JR.	RT. 3 BOX 92-A N/A	BONIFAY FL	<input type="checkbox"/>
D	PAUL, OLLEN ODELL	RT. 3 BOX 125 N/A	BONIFAY FL	<input type="checkbox"/>
D	CLIFFORD, HODGE	2353 HODGE LANE	BONIFAY FL 32425	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	HAWKINS, LARRY	1311 Hwy. 177	Bonifay, FL 32425	<input type="checkbox"/>	<input type="checkbox"/>
	LOCKE, W.J.	1460 Locke Road	Bonifay, FL 32425	<input type="checkbox"/>	<input type="checkbox"/>
	CORBIN, OTIS, JR.	2919 Marvin Moss Rd.	Bonifay, FL 32425	<input type="checkbox"/>	<input type="checkbox"/>
	PAUL, OLLEN ODELL	1401 Metcalf Rd.	Bonifay, FL 32425	<input type="checkbox"/>	<input type="checkbox"/>
	HODGE, CLIFFORD	2353 Hodge Lane	Bonifay, FL 32425	<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

2/12/2001  
 Date

850-547-3266  
 Daytime Phone #

CR2E037 (10/00)