

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90007 033 *****61.25

DOCUMENT # N16874

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

Principal Place of Business 1485 CARMEL CHURCH ROAD BONIFAY FL 32425	Mailing Address RT. 4 BOX 401 1485 Carmel BONIFAY FL 32425 Church Road Bonifay, FL 32425
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1946587**
 Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

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 **DC** Delete
 NAME **HAWKINS, LARRY**
 STREET ADDRESS **1311 HWY 177**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LOCKE, W.J.**
 STREET ADDRESS **1460 LOCKE ROAD**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CORBIN, OTIS. JR.**
 STREET ADDRESS **2919 MARVIN MOSS RD**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PAUL, OLLEN ODELL**
 STREET ADDRESS **1401 METCALF RD**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CLIFFORD, HODGE**
 STREET ADDRESS **2353 HODGE LANE**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

2/22/02 850-547-3266
 Date Daytime Phone #

CR2E037 (9/01)