


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N16874
1. Entity Name
CARMEL ASSEMBLY OF GOD CHURCH OF BONIFAY, FL, INC.



Principal Place of Business 1485 CARMEL CHURCH ROAD BONIFAY, FL 32425	Mailing Address 1485 CARMEL CHURCH ROAD BONIFAY, FL 32425
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DO NOT WRITE IN THIS SPACE

*D-2430666666D&

01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1946587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, LARRY
1311 HWY 177
BONIFAY, FL 32425

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HAWKINS, LARRY 1311 HWY 177 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKE, W.J. 1460 LOCKE ROAD BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBIN, OTIS. JR. 2919 MARVIN MOSS RD BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, OLLEN ODELL 1401 METCALF RD BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFFORD, HODGE 2353 HODGE LANE BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000316624
04/19/05-80883-001 61.25

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 880-547-8391
Daytime Phone #