


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      Mailing Address  
1485 CARMEL CHURCH ROAD      1485 CARMEL CHURCH ROAD  
BONIFAY, FL 32425                  BONIFAY, FL 32425

**DO NOT WRITE IN THIS SPACE**

\*D-2430666666D&

01132005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
59-1946587      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HAWKINS, LARRY  
1311 HWY 177  
BONIFAY, FL 32425

**DO NOT WRITE IN THIS SPACE**

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

U00000316624  
04/19/05-80883-001 61.25

**DO NOT WRITE IN THIS SPACE**

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      4/18/05 880-547-8391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #