

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90089 024 \*\*\*\*61.25



**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



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**HAWKINS, LARRY**  
**1311 HWY 177**  
**BONIFAY FL 32425**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

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

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Change  Addition  
 NAME **Lee, Roy**  
 STREET ADDRESS **P.O. Box 1261**  
 CITY-ST-ZIP **Bonifay, FL 32425**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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 exemptions contained in Section 119, 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*

04-10-06