


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90200 008 \*\*\*\*61.25

|                                                                                                                                                                                                                               |                                                                                                          |                                                                                                                     |                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N16874</b><br>1. Entity Name<br><b>CARMEL ASSEMBLY OF GOD CHURCH OF BONIFAY, FL, INC.</b>                                                                                                                       |                                                                                                          |                                    |                                                                                                                                            |
| Principal Place of Business                                                                                                                                                                                                   |                                                                                                          | Mailing Address                                                                                                     |                                                                                                                                            |
| 1485 CARMEL CHURCH ROAD<br>BONIFAY FL 32425                                                                                                                                                                                   |                                                                                                          | 1485 CARMEL CHURCH ROAD<br>BONIFAY FL 32425                                                                         |                                                                                                                                            |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                |                                                                                                          | 3. Mailing Address                                                                                                  |                                                                                                                                            |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                                                                                                          | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                            |
| City & State                                                                                                                                                                                                                  |                                                                                                          | City & State                                                                                                        |                                                                                                                                            |
| Zip                                                                                                                                                                                                                           | Country                                                                                                  | Zip                                                                                                                 | Country                                                                                                                                    |
| 4. FEI Number<br><b>59-1946587</b>                                                                                                                                                                                            |                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                              |                                                                                                                                            |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                                                                          | <b>\$8.75</b> Additional Fee Required                                                                               |                                                                                                                                            |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                               |                                                                                                          | 7. Name and Address of New Registered Agent                                                                         |                                                                                                                                            |
| <b>HAWKINS, LARRY</b><br><b>1311 HWY 177</b><br><b>BONIFAY FL 32425</b>                                                                                                                                                       |                                                                                                          | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                 |                                                                                                          |                                                                                                                     |                                                                                                                                            |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b>                                                                                                                                                                  |                                                                                                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                            |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                      |                                                                                                          |                                                                                                                     |                                                                                                                                            |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                               |                                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | DC<br>HAWKINS, LARRY<br>1311 HWY 177<br>BONIFAY FL 32425 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                      | D<br>Parker, Stanley<br>2005 Yoopon Lane<br>Bonifay, FL 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | D<br>CORBIN, OTIS JR.<br>2919 MARVIN MOSS RD<br>BONIFAY FL 32425 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | D<br>PAUL, OLLEN ODELL<br>1401 METCALF RD<br>BONIFAY FL 32425 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | D<br>CLIFFORD, HODGE<br>2353 HODGE LANE<br>BONIFAY FL 32425 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | D<br>LEE, ROY<br>P O BOX 1261<br>BONIFAY FL 32425 <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |



1st MOORE CR2E037 (10/06)

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 **Larry Hawkins** 4/19/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #