

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90019 035 ****61.25



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

Principal Place of Business Mailing Address
1485 CARMEL CHURCH ROAD BONIFAY FL 32425



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

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

Zip Country Zip Country

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	D	<input type="checkbox"/> Delete
NAME	PARKER, STANLEY	
STREET ADDRESS	2005 YOOPON LANE	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBIN, OTIS, JR.	
STREET ADDRESS	2919 MARVIN MOSS RD	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAUL, OLLEN ODELL	
STREET ADDRESS	1401 METCALF RD	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFFORD, HODGE	
STREET ADDRESS	2353 HODGE LANE	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, ROY	
STREET ADDRESS	P O BOX 1261	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	DC	<input type="checkbox"/> Delete
NAME	Hawkins, Larry	
STREET ADDRESS	1311 Hwy. 177	
CITY-ST-ZIP	Bonifay, FL 32425	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with 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 in like empowered.

SIGNATURE: Larry Hawkins

4/22/08