

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N25633 (1)

1. Corporation Name

UNITED BIBLICAL CHURCHES OF GOD, AUXILIUM, INC.

Principal Place of Business

2 BYRSONIMA CT  
HOMOSASSA FL 34446  
US

Mailing Address

C/O CHARLES J. KIMBROUGH  
2 BYRSONIMA CT.  
HOMOSASSA FL 34446

3. Date Incorporated or Qualified  
03/28/1988

3a. Date of Last Report  
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number  
59-2887718

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIMBROUGH, CHARLES J  
TWO BYRSONIMA CT  
HOMOSASSA FL 34446

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Charles J. Kimbrough

(NOTE: Registered agent signature is required when reinstating)

DATE

Feb 22, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD  
NAME KIMBROUGH, CHARLES J  
STREET ADDRESS 2 BYRSONIMA CT.  
CITY-ST-ZIP HOMOSASSA FL ☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME KIMBROUGH, AGNES N  
STREET ADDRESS 2 BYRSONIMA CT.  
CITY-ST-ZIP HOMOSASSA FL ☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HALE, HAGAN  
STREET ADDRESS 6200 W. HOLIDAY ST.  
CITY-ST-ZIP HOMOSASSA FL ☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HUMPHREY, ARTHUR L  
STREET ADDRESS P O BOX 1309 DELTA CIR  
CITY-ST-ZIP CHIEFLND FL ☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles J. Kimbrough

Date

Daytime Phone

CR2E037 (12/95)