FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N33332** **(0)**

1. Corporation Name

HILLIARD FIRST ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
C/O BETTY BAHL 127 S. NEW KINGS RD.. P.O. BOX 670 HILLIARD FL 32046 US	C/O BETTY BAHL 127 S. NEW KINGS RD.. P.O. BOX 670 HILLIARD FL 32046 US

3. Date Incorporated or Qualified: 07/19/1989

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-2256005 ☐ 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

BAHL, BETTY
127 S. NEW KINGS ROAD
P.O. BOX 670
HILLIARD FL 32046

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNS, ARLIE W.		1.2 NAME	
STREET ADDRESS	RT. 3 BOX 990		1.3 STREET ADDRESS	
CITY-ST-ZIP	HILLIARD FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BULFORD, WILLIAM		2.2 NAME	
STREET ADDRESS	RT. 3 BOX 471		2.3 STREET ADDRESS	
CITY-ST-ZIP	HILLIARD FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RAULERSON, DANNY		3.2 NAME	
STREET ADDRESS	RT 3, BXO 528		3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLIARD FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HINSON, DIANA		4.2 NAME	
STREET ADDRESS	RT. 2. BOX 211		4.3 STREET ADDRESS	
CITY-ST-ZIP	HILLIARD FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BAHL, BETTY		5.2 NAME	
STREET ADDRESS	RT. 3 BOX 528 A		5.3 STREET ADDRESS	
CITY-ST-ZIP	HILLIARD FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: Betty L Bahl (BETTY L BAHL) 4/22/96 (904) 845-2642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #