FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:18

DOCUMENT # N93000005001 (3)

1. Corporation Name
ASSEMBLIES OF CHRIST INT'L., INC.

Principal Place of Business	Mailing Address
213 EAST 13TH STREET PANAMA CITY FL 32401	C/O WESLEY ODLE, JR. ~~4705 BAYWOOD DR.~~ ~~LYNN HAVEN FL 32444~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1993	3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-3213308	Applied For / Not Applicable
5. Certificate of Status Desired: X	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: X	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes X No	

2. Principal Place of Business	2a. Mailing Address
21	26 C/O Wesley Odle, Jr. 1929 W. 24th St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 PANAMA City, Fl.
Zip 24 / Country 25	Zip 29 32405 / Country 30 USA

9. Name and Address of Current Registered Agent

ODLE, WESLEY JR
~~4705 BAYWOOD DR.~~
~~LYNN HAVEN FL 32444~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1929 W. 24th St.
84 City PANAMA City FL 85 Zip Code 32405

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	X Change ☐ Addition
NAME	ODLE, WESLEY J	1.2 NAME	
STREET ADDRESS	~~4705 BAYWOOD DR.~~	1.3 STREET ADDRESS	1929 W. 24th St.
CITY-ST-ZIP	~~LYNN HAVE FL~~	1.4 CITY-ST-ZIP	PANAMA City, Fl 32405
TITLE	VSD	2.1 TITLE	X Change ☐ Addition
NAME	ODLE, CARMA	2.2 NAME	
STREET ADDRESS	~~4705 BAYWOOD DR.~~	2.3 STREET ADDRESS	1929 W. 24th St.
CITY-ST-ZIP	~~LYNN HAVEN FL~~	2.4 CITY-ST-ZIP	PANAMA City Fl. 32405
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ODLE, WESLEY I	3.2 NAME	
STREET ADDRESS	5110 IDLEWOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERN CREEK KY	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), 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~~ 14 in the report, or on an attachment with an address.

SIGNATURE: Wesley P. Odle Jr. 2-8-95 904-769-8275
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0020070