

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:19

DOCUMENT # **N94000001976 (9)**

1. Corporation Name

BRATT ASSEMBLY OF GOD, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

5150 W. HWY 4
CENTURY FL 32535

5150 W. HWY 4
CENTURY FL 32535

3. Date Incorporated or Qualified

3a. Date of Last Report

04/20/1994

4. FEI Number

Applied For

59-2242172

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes

Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, G T
510 E. ZARAGOZA ST.
PENSACOLA FL 32501

01 Name

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

03

04 City

FL

05 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GODWIN, LARRY E
STREET ADDRESS 5150 W. HWY 4
CITY- ST - ZIP CENTURY FL 32535

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST - ZIP

TITLE D
NAME PEOPLES, LEROY
STREET ADDRESS 5150 W. HWY 4
CITY- ST - ZIP CENTURY FL 32535

2.1 TITLE Change Addition
2.2 NAME P
Raymond Peebles
2.3 STREET ADDRESS
2.4 CITY- ST - ZIP

TITLE D
NAME RIGGS, JAMES O
STREET ADDRESS 5150 W. HWY 4
CITY- ST - ZIP CENTURY FL 32535

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST - ZIP

TITLE D
NAME HALL, WILLIE D
STREET ADDRESS 5150 W. HWY 4
CITY- ST - ZIP CENTURY FL 32535

4.1 TITLE Change Addition
4.2 NAME P
Tony Peebles
4.3 STREET ADDRESS
4.4 CITY- ST - ZIP

TITLE D
NAME ELLIOTT, I V
STREET ADDRESS 5150 W. HWY 4
CITY- ST - ZIP CENTURY FL 32535

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(h), 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 not 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-95 904-327-4184