

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 # N94000001976 (9)

1. Corporation Name

BRATT ASSEMBLY OF GOD, INC.



Principal Place of Business

5150 W. HWY 4
CENTURY FL 32535

Mailing Address

5150 W. HWY 4
CENTURY FL 32535

3. Date Incorporated or Qualified
04/20/1994

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2242172

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE: Change Addition
1.2 NAME: **Leroy Peebles**
1.3 STREET ADDRESS: **5150 W. HWY 4**
1.4 CITY-ST-ZIP: **Century, FL 32535**

TITLE: DELETE
NAME: **PEEBLES, RAYMOND**
STREET ADDRESS: **5150 W. HWY 4**
CITY-ST-ZIP: **CENTURY FL**

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

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

3.1 TITLE: Change Addition
3.2 NAME: **W-C-Roberts Jr.**
3.3 STREET ADDRESS: **5150 W. Hwy 4**
3.4 CITY-ST-ZIP: **Century, FL 32535**

TITLE: DELETE
NAME: **PEEBLES, TONY**
STREET ADDRESS: **5150 W. HWY 4**
CITY-ST-ZIP: **CENTURY FL**

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

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

5.1 TITLE: Change Addition
5.2 NAME: **000001857700**
5.3 STREET ADDRESS: **-06/11/96--01057--008**
5.4 CITY-ST-ZIP: *****61.25**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: Change Addition
6.2 NAME: **Secretary/Treasurer**
6.3 STREET ADDRESS: **Glenie Peebles**
6.4 CITY-ST-ZIP: **1900 Christian Home Dr - McDavid, FL 32568**

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: **Glenie Peebles** **Glenie Peebles** **4-30-96** **(904)327-4184**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

Handwritten initials and date