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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

5150 W. HWY 4
CENTURY FL 32535

5150 W. HWY 4
CENTURY FL 32535-2538

3. Date Incorporated or Qualified
04/20/1994

3a. Date of Last Report
06/10/1996

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

4. FEI Number
59-2242172

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

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 D [] DELETE
NAME PEEBLES, LEROY
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 [] 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 D [] DELETE
NAME ROBERTS, W.C. JR.
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 [] 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 D [X] DELETE
NAME ELLIOTT, I V
STREET ADDRESS 5150 W. HWY 4
CITY-ST-ZIP CENTURY FL 32535

5.1 TITLE [] Change [X] Addition
5.2 NAME Deacon Jim Riggs
5.3 STREET ADDRESS 2971 Old Bratt Rd
5.4 CITY-ST-ZIP Atmore AL 36502

TITLE ST [] DELETE
NAME PEEBLES, GLENIE
STREET ADDRESS 1900 CHRISTIAN HOME DR.
CITY-ST-ZIP MCDAVID FL 32568

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 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 if changed, or on an attachment with an address.

SIGNATURE: *Glenie Peebles* 2-5-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)