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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/20/1994		
4. FEI Number 59-2242172	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	PEEBLES, LEROY
STREET ADDRESS	5150 W. HWY 4
CITY-ST-ZIP	CENTURY FL 32535
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PEEBLES, RAYMOND
STREET ADDRESS	5150 W. HWY 4
CITY-ST-ZIP	CENTURY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBERTS, W.C. JR.
STREET ADDRESS	5150 W. HWY 4
CITY-ST-ZIP	CENTURY FL 32535
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PEEBLES, TONY
STREET ADDRESS	5150 W. HWY 4
CITY-ST-ZIP	CENTURY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RIGGS, JIM
STREET ADDRESS	2971 OLD BRATT RD
CITY-ST-ZIP	ATMORE AL
TITLE	ST <input type="checkbox"/> DELETE
NAME	PEEBLES, GLENIE
STREET ADDRESS	1900 CHRISTIAN HOME DR.
CITY-ST-ZIP	MCDAVID FL 32568

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Deacon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Leslie Barnes
1.3 STREET ADDRESS	5150 W Hwy 4
1.4 CITY-ST-ZIP	Century, FL 32535
2.1 TITLE	Deacon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	I.V. Elliott
2.3 STREET ADDRESS	5150 W Hwy 4
2.4 CITY-ST-ZIP	Century, FL 32535
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Glennie Peebles* **Glennie Peebles** 1-8-98 (850) 327-4972

CR2E037 (10/97)