


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90121 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001976**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/20/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2242172
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEEBLES, LEROY			1.2 NAME			
STREET ADDRESS	5150 W. HWY 4			1.3 STREET ADDRESS			
CITY-ST-ZIP	CENTURY FL 32535			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNES, LESLIE			2.2 NAME			
STREET ADDRESS	5150 W. HWY 4			2.3 STREET ADDRESS			
CITY-ST-ZIP	CENTURY FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBERTS, W.C. JR.			3.2 NAME	Hall, W.D.		
STREET ADDRESS	5150 W. HWY 4			3.3 STREET ADDRESS	5150 W HWY 4		
CITY-ST-ZIP	CENTURY FL 32535			3.4 CITY-ST-ZIP	Century FL 32535		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIOTT, I V			4.2 NAME			
STREET ADDRESS	5150 W. HWY 4			4.3 STREET ADDRESS			
CITY-ST-ZIP	CENTURY FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIGGS, JIM			5.2 NAME			
STREET ADDRESS	2971 OLD BRATT RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	ATMORE AL			5.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEEBLES, GLENIE			6.2 NAME			
STREET ADDRESS	1900 CHRISTIAN HOME DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	MCDavid FL 32568			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)(l), 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, with all other like empowered.

SIGNATURE: LEROY PEEBLES **ROBERTED** Peebles 2-15-99 (850) 327-4972  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)