

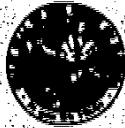
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$100 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

**APPROVED
AND
FILED**

95 JUN 29 AM 11:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000004699 (4)

1. Corporation Name
DIVONIA BAPTIST CHURCH OF HAMILTON COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
U.S. 129 SOUTH JASPER FL 32052 P.O. BOX 142 JASPER FL 32052

3. Date Incorporated or Qualified **09/23/1984** 3a. Date of Last Report
 4. FEI Number Applied For Not Applicable

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

5. Certificate of Status Desired **\$0.75 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 **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 190.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SMITH, LONNIE S
 C/O DIVONIA BAPTIST CHURCH
 US 129 SOUTH (RT. 1 BOX 87)
 JASPER FL 32052**

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	MATHIS, CHARLIE A
STREET ADDRESS	U.S. 129 SOUTH
CITY - ST - ZIP	JASPER FL 32052
TITLE	T
NAME	BROWN, CARLTON B
STREET ADDRESS	U.S. 129 SOUTH
CITY - ST - ZIP	JASPER FL 32052
TITLE	T
NAME	MATHIS, EMMETT M
STREET ADDRESS	U.S. 129 SOUTH
CITY - ST - ZIP	JASPER FL 32052
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	400001528824
1.4 CITY - ST - ZIP	-07/03/95--01007--021
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	*****61.25 *****61.25
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **x Lonnie S Smith** 6-21-95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)