

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. M...
Secretary
DIVISION OF CORPORATIONS

95 MAY -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006019 (3)

1. Corporation Name
BIBLWAY CHURCH OF GOD IN CHRIST OF OAK HILL, IN C.

Principal Place of Business Mailing Address
**% WILLIE G. WOOD, PASTOR
281 FLAMINGO RD.
OAK HILL FL 32759**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1994	3a. Date of Last Report
4. FEI Number 59-3301281	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City, State 23 Zip 24 Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**WOOD, WILIE G
831 SOUTH RIDGEWOOD AVE.
EDGEWATER FL 32132**

10. Name and Address of New Registered Agent
81 Name
Barbara G. Sweet
82 Street Address (P.O. Box Numbers Not Acceptable)
1298 N. Dixie Freeway
83 City
New Smyrna Beach, FL 32168
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 am a duly qualified, Section 607.0505, Florida Statutes.

SIGNATURE *Barbara G. Sweet* **Barbara G. Sweet** DATE **3-7-95**

12. OFFICERS AND DIRECTORS

TITLE	SECRETARY/TRUSTEE
NAME	TERRENCE K. SMITH
STREET ADDRESS	291 WOOD AVE.
CITY - ST - ZIP	OAK HILL, FL 32759
TITLE	Trustee/President
NAME	Samuel Payne
STREET ADDRESS	PO Box 246 1008 Wilkins St
CITY - ST - ZIP	New Smyrna Bch, FL 32170
TITLE	ASST Secretary/TRUSTEE
NAME	Christine D. Payne
STREET ADDRESS	PO Box 246 1008 Wilkins St
CITY - ST - ZIP	New Smyrna Bch, FL 32170
TITLE	Willie G. Wood, TRUSTEE
NAME	Willie G. Wood, TRUSTEE
STREET ADDRESS	281 FLAMINGO RD
CITY - ST - ZIP	OAK HILL, FL 32759
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	300001491928
1.4 CITY - ST - ZIP	-05/17/95--01146--021
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

WGS
5-12-95

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 110.07(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: *Willie G. Wood* **Willie G. Wood** DATE **2-1-95** (904) **423-1200**