FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P33316 (1)

1. Corporation Name

AUTOMATED CHURCH SYSTEM, INC.

Principal Place of Business	Mailing Address
P. O. BOX 3990 FLORENCE SC 29502	P. O. BOX 3990 FLORENCE SC 29502

3. Date Incorporated or Qualified: 03/27/1991	3a. Date of Last Report: 03/17/1995
4. FEI Number: 57-0660520	☐ 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	

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

9. Name and Address of Current Registered Agent

SMITH, ROBERT D.
4192 VERSAILLES DR
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name: Smith, Robert D
82 Street Address (P.O. Box Number is Not Acceptable): 102 Lullwater Street - C
83
84 City: Deltona FL 85 Zip Code: 32725

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	CAMPBELL, WILLIAM D.	
STREET ADDRESS	425 S. CASHUA DR.	
CITY-ST-ZIP	FLORENCE SC	
TITLE	VCD	☐ DELETE
NAME	ROGERS, THOMAS J.	
STREET ADDRESS	POB 2398 / 130 OCALA ST	
CITY-ST-ZIP	MYRTLE BEACH SC	
TITLE	PD	☐ DELETE
NAME	CAMPBELL, T. HAL	
STREET ADDRESS	1019 PARK AVE.	
CITY-ST-ZIP	FLORENCE SC	
TITLE	VD	☐ DELETE
NAME	OWEN, J. MARVIN	
STREET ADDRESS	1608 BRANDEN DR.	
CITY-ST-ZIP	FLORENCE SC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Talbert H. Boykle [signature] 3-15-96 803-662-1681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)