

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **737740** (1)

1. Corporation Name
OAK CITY ASSEMBLY OF GOD, INC.



Principal Place of Business Mailing Address
3080 WEST TENNESSEE STREET TALLAHASSEE FL 32304 **3080 WEST TENNESSEE STREET TALLAHASSEE FL 32304-2727**

3. Date Incorporated or Qualified 01/05/1977	3a. Date of Last Report 02/14/1996
4. FEI Number 59-6547532	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent CREEL, A. LAMAR 1940 GLORIA DRIVE TALLAHASSEE FL 32303	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	NAME GILBERT, BILL	1.1 TITLE <i>Board Sec.</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4716 FLOWERWOOD DR	CITY-ST-ZIP TALLAHASSEE, FL 00000	1.2 NAME <i>McClamma, Henry</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	NAME GARNER, JOHN	1.3 STREET ADDRESS <i>P.O. Box 138</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4450 SHERBORNE	CITY-ST-ZIP TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP <i>Woodville, FL, 32362-0138</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME ALDAY, CAREY	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1601 SALMON DR	CITY-ST-ZIP TALLAHASSEE, FL 00000	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	NAME CREEL, LAMAR	2.3 STREET ADDRESS <i>Bill Gilbert</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1940 GLORIA DR	CITY-ST-ZIP TALLAHASSEE, FL 00000	2.4 CITY-ST-ZIP <i>4716 Flowerwood Dr.</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME ALLBRITTON, DAVID	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3641 WESTMORLAND DRIVE	CITY-ST-ZIP TALLAHASSEE, FL 00000	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME DAVIS, MORRIS	3.3 STREET ADDRESS <i>Tallahassee, FL 32303</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RT 1 BOX 2738 NA	CITY-ST-ZIP HAVANA FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.5 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.6 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.7 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.9 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.10 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *[Handwritten Signature]* 2-9-97 575.4054

CR2E037 (9/96)