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Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90194 025 \*\*\*\*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 # 737740**

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

Principal Place of Business <b>3080 WEST TENNESSEE STREET TALLAHASSEE FL 32304</b>	Mailing Address <b>3080 WEST TENNESSEE STREET TALLAHASSEE FL 32304</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>01/05/1977</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-6547532</b>
City & State 23	City & State 28	Applied For <input type="checkbox"/> 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 <b>CREEL, A. LAMAR 1940 GLORIA DRIVE TALLAHASSEE FL 32303</b>	10. Name and Address of New Registered Agent 81 Name <b>Kenny Walker</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3921 Gaffney Loop</b> 83 <b>XXXXXXXXXX</b> 84 City <b>Tallahassee</b> FL 85 Zip Code <b>32303</b>
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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 *Kenny Walker* **Kenny Walker, President** **2-21-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>BS</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MCCLAMMA, HENRY</b>		1.2 NAME <b>Kenny Walker</b>	
STREET ADDRESS <b>P.O BOX 138 N/A</b>		1.3 STREET ADDRESS <b>3921 Gaffney Loop</b>	
CITY-ST-ZIP <b>WOODVILLE FL</b>		1.4 CITY-ST-ZIP <b>Tallahassee, FL. 32303</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NODA, LARRY</b>		2.2 NAME	
STREET ADDRESS <b>3252 HEATHER HILL LN</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE, FL 00000 32308</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GILBERT, BILL</b>		3.2 NAME	
STREET ADDRESS <b>4716 FLOWERWOOD DR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE, FL 00000</b>		3.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CREEL, LAMAR</b>		4.2 NAME	
STREET ADDRESS <b>1940 GLORIA DR</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE, FL 00000</b>		4.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALLBRITTON, DAVID</b>		5.2 NAME	
STREET ADDRESS <b>3641 WESTMORLAND DRIVE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE, FL 00000</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, MORRIS</b>		6.2 NAME	
STREET ADDRESS <b>RT 1 BOX 2738 NA</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>HAVANA FL</b>		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)(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, with all other like empowered.

SIGNATURE: *Henry McClamma* **SIGNATURE REQUIRED Henry McClamma** **2/21/99** **(850) 575-4054**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)