

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**APPROVED  
AND  
FILED**

95 JUL -3 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # N11501 (6)**

1. Corporation Name

**PAGE POND ASSEMBLY OF GOD CHURCH, INC.**

Principal Place of Business Mailing Address  
**ROUTE 1, BOX 232-A ALTHA FL 32421**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/09/1985</b>	3a. Date of Last Report <b>06/29/1994</b>
4. FEI Number <b>59-2234668</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	24. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
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9. Name and Address of Current Registered Agent  
**GRIMES, REBEN E.  
 ROUTE 1, BOX 232  
 ALTHA FL 32421**

10. Name and Address of Now Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 Reuben E. Grimes Reuben E. Grimes 6/18/95  
Signature of board or certified name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>GRIMES, REUBEN E.</b>
STREET ADDRESS <b>RT. 1, BOX 232</b>	
CITY - ST - ZIP <b>ALTHA FL</b>	
TITLE <b>D</b>	NAME <b>COBB, DENNIS</b>
STREET ADDRESS <b>RT. 2, BOX 338</b>	
CITY - ST - ZIP <b>ALTHA FL</b>	
TITLE <b>D</b>	NAME <b>TATUM, LLOYD</b>
STREET ADDRESS <b>RT. 1, BOX 370</b>	
CITY - ST - ZIP <b>ALTHA FL</b>	
TITLE <b>D</b>	NAME <b>DANIELS, HAROLD</b>
STREET ADDRESS <b>ROUTE 2, BOX 816</b>	
CITY - ST - ZIP <b>BLOUNTSTOWN FL</b>	
TITLE <b>ST</b>	NAME <b>MATHIS, JUANITA</b>
STREET ADDRESS <b>RT. 1, BOX 405</b>	
CITY - ST - ZIP <b>ALTHA FL</b>	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <b>(P) for Pastor</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Juanita Mathis Juanita Mathis 6/18/95 482-2898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E037 (3/95)