

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

ROUTE 1, BOX 232-A
ALTHA FL 32421

3. Date Incorporated or Qualified
10/09/1985

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number

59-2234668

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GRIMES, REBEN E.
ROUTE 1, BOX 232
ALTHA FL 32421~~

81 Name **Juanita Mathis**

82 Street Address (P.O. Box Number is Not Acceptable)
RT 1 Box 405

83 City **ALTHA**

85 FL

Zip Code **32421**

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

Juanita Mathis / Sec/Treas

Juanita Mathis

4/25/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **P GRIMES, REUBEN E.**
STREET ADDRESS **RT. 1, BOX 232**
CITY - ST - ZIP **ALTHA FL**

TITLE DELETE
NAME **D COBB, DENNIS**
STREET ADDRESS **RT. 2, BOX 338**
CITY - ST - ZIP **ALTHA FL**

TITLE DELETE
NAME **D TATUM, LLOYD**
STREET ADDRESS **RT. 1, BOX 370**
CITY - ST - ZIP **ALTHA FL**

TITLE DELETE
NAME **D DANIELS, HAROLD**
STREET ADDRESS **ROUTE 2, BOX 816**
CITY - ST - ZIP **BLOUNTSTOWN FL**

TITLE DELETE
NAME **ST MATHIS, JUANITA**
STREET ADDRESS **RT. 1, BOX 405**
CITY - ST - ZIP **ALTHA FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME **Interim Pastor**
13 STREET ADDRESS **Rev. James A. Gilbert**
14 CITY - ST - ZIP **2942 Sylvia Dr. Marianna, FL 32446**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change 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:

James A. Gilbert James Gilbert

4/25/96

482-8208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)