

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 30 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11501 (6)
 1. Corporation Name
PAGE POND ASSEMBLY OF GOD CHURCH, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10/09/1985	05/01/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 Rt 3 Box 232-A	27	59-2234668	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Alpha, FL	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24 32421	25 Calhoun	29	30
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent

MATHIS, JUANITA
 RT 1 BOX 405
 ALPHA FL 32421

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Rev. James U. Gilbert* DATE **7-20-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GUILBERT, REV JAMES U	
STREET ADDRESS	2942 SYLVIA DR	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COBB, DENNIS	
STREET ADDRESS	RT. 2, BOX 338	
CITY-ST-ZIP	ALPHA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TATUM, LLOYD	
STREET ADDRESS	RT. 1, BOX 370	
CITY-ST-ZIP	ALPHA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIELS, HAROLD	
STREET ADDRESS	ROUTE 2, BOX 816	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MATHIS, JUANITA	
STREET ADDRESS	RT. 1, BOX 405	
CITY-ST-ZIP	ALPHA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Cobb, Dennis
2.3 STREET ADDRESS	Rt 3, Box 338
2.4 CITY-ST-ZIP	Alpha, FL 32421
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Tatum, Lloyd
3.3 STREET ADDRESS	Rt 3 Box 370
3.4 CITY-ST-ZIP	Alpha, FL 32421
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ST Mathis, Juanita
5.3 STREET ADDRESS	Rt 3, Box 405
5.4 CITY-ST-ZIP	Alpha, FL 32421
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Mathis, Moody
6.3 STREET ADDRESS	Rt 3 Box 408
6.4 CITY-ST-ZIP	Alpha, FL 32421

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 REQUIRED

CR2E037 (4/97)