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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: RT 3 BOX 232-A ALTHA FL 32421 US
Mailing Address: ROUTE 1. BOX 232-A ALTHA FL 32421

3. Date Incorporated or Qualified: 10/09/1985
4. FEI Number: 59-2234668
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Altha, FL 24 Zip: 25 32421 26. Mailing Address: 26 Route 3 Box 232-A 27 Suite, Apt. #, etc. 27 City & State: 28 Altha, FL 29 Zip: 29 32421 30 Country: 30 US

9. Name and Address of Current Registered Agent: MATHIS, JUANITA RT 1 BOX 405 ALTHA FL 32421

10. Name and Address of New Registered Agent: 81 Name: Kathryn F. Tatum 82 Street Address (P.O. Box Number is Not Acceptable): Route 3 Box 529 83 Tatum Rd 84 City: Altha FL 85 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: *Kathryn F. Tatum* Kathryn F. Tatum April 22, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	QUILBERT, REV JAMES U	
STREET ADDRESS	2942 SLYVIA DR	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OOBB, DENNIS	
STREET ADDRESS	RT 3, BOX 338	
CITY-ST-ZIP	ALTHA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TATUM, LLOYD	
STREET ADDRESS	RT 3 BOX 370	
CITY-ST-ZIP	ALTHA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIELS, HAROLD	
STREET ADDRESS	ROUTE 2, BOX 816	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MATHIS, JUANITA	
STREET ADDRESS	RT 3 BOX 405	
CITY-ST-ZIP	ALTHA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATHIS, MOODY	
STREET ADDRESS	RT 3 BOX 408	
CITY-ST-ZIP	ALTHA FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 Tatum, Kathryn F.
5.3 STREET ADDRESS	Rt 3 Box 529 Tatum Rd
5.4 CITY-ST-ZIP	Altha FL 32421
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Tatum, Newton G.
6.3 STREET ADDRESS	Rt 3 Box 529 Tatum RD
6.4 CITY-ST-ZIP	Altha FL 32421

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 U. Gilbert* James U. Gilbert 4/22/1998 (850)482-8208

CR2E037 (10/97)