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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11501

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 3 BOX 232-A
ALTHA FL 32421
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/09/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2234668

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TATUM, KATHRYN F
ROUTE 3 BOX 529
TATUM ROAD
ALTHA FL 32421

81 Name

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

83

84 City

FL

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

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 DELETE
NAME P
STREET ADDRESS GUILBERT, REV JAMES U
CITY-ST-ZIP 2942 SLYVIA DR MARIANNA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME D
STREET ADDRESS COBB, DENNIS
CITY-ST-ZIP RT 3, BOX 338 ALTHA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME D
STREET ADDRESS TATUM, LLOYD
CITY-ST-ZIP RT 3 BOX 370 ALTHA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME ST
STREET ADDRESS TATUM, KATHRYN F
CITY-ST-ZIP ROUTE 3 BOX 529 TATUM ROAD ALTHA FL 32421

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME D
STREET ADDRESS TATUM, NEWTON G
CITY-ST-ZIP ROUTE 3 BOX 529 TATUM ROAD ALTHA FL 32421

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3-8-99
Daytime Phone # 850-762-8286

CR2E037 (11/98)