

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 26, 1999 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

01-26-1999 90040 016 \*\*\*\*\*61.25

**DOCUMENT # 707890**

1. Corporation Name

**CHURCH OF GOD BY FAITH**

Principal Place of Business

3220 HAINES STREET  
 JACKSONVILLE FL 32206

Mailing Address

P.O. BOX 3746  
 JACKSONVILLE FL 32206



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/29/1964

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1631564

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKNIGHT, HORACE II**  
 1404 S.E. 13TH AVE.  
 GAINESVILLE, FL 32601

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**  
**MCKNIGHT, JAMES E.**  
 STREET ADDRESS **7121 N.E. 26TH PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL 32601**

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

TITLE  DELETE  
 NAME **S**  
**MATTHEW, GEORGE**  
 STREET ADDRESS **8834 CAMPHOR DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

TITLE  DELETE  
 NAME **D**  
**BROWN, THEODORE**  
 STREET ADDRESS **93 GIRARD PLACE**  
 CITY-ST-ZIP **NEWARK NJ 07108**

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

TITLE  DELETE  
 NAME **D**  
**ROBINSON, JOHN**  
 STREET ADDRESS **300 ESSEX DR.**  
 CITY-ST-ZIP **FT. PIERCE FL**

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

TITLE  DELETE  
 NAME **D**  
**ROURK, DAVID C.**  
 STREET ADDRESS **207 CHESTNUT HILL DRIVE**  
 CITY-ST-ZIP **ROCHESTER NY**

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James E. McKnight*  
 Date: **January 11, 1999**  
 Daytime Phone: **352-376-3366**

CR2E037 (1/198)