FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:06

DOCUMENT # 709446 (9)

1. Corporation Name

SOUTH EASTERN FLORIDA ASSOCIATION OF THE CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
741 DOGWOOD ROAD WEST PALM BCH. FL 33409	741 DOGWOOD ROAD WEST PALM BCH. FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1965
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-1704749 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTIN, PHYLLIS B.
741 DOGWOOD ROAD
WEST PALM BCH. FL 33409

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☐ Change ☐ Addition
NAME	HARDEN, DANIEL	12 NAME		
STREET ADDRESS	8790 SW 110TH ST.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, REGINALD GEORGE	22 NAME		
STREET ADDRESS	2310 NW 115TH DR.	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	MARTIN, PHYLLIS B	32 NAME		
STREET ADDRESS	741 DOGWOOD RD	33 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH,FL 00000	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☒ Change ☐ Addition
NAME	BOEDEKER, JOHN	42 NAME		
STREET ADDRESS	1030 MONTICELLO AVE	43 STREET ADDRESS		
CITY-ST-ZIP	DAVID FL	44 CITY-ST-ZIP	DAVIE	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KING, E E	52 NAME		
STREET ADDRESS	6112 NW 10TH ST	53 STREET ADDRESS		
CITY ST ZIP	MARGATE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, BOB	62 NAME		
STREET ADDRESS	21385 NW MIAMI CT	63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	REMITTED BY MAY 1	

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)(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: Phyllis B. Martin — Phyllis B. Martin — (407) 683-1887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: Apr. 13, 1995 — Daytime Phone #

0040332