

FILE NO: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 13 1998 8:00am  
Secretary of State

DOCUMENT # 745405 (1)  
1. Corporation Name  
THE FAMILY OF GOD CHURCH, INC.



Principal Place of Business Mailing Address  
~~885 A1A NORTH~~ ~~STE #105~~ ~~PONTE VEDRA BCH FL 32082~~ US  
885 A1A NORTH STE #105 PONTE VEDRA BCH FL 32082 US

3. Date Incorporated or Qualified  
12/28/1978  
4. FEI Number  
NOT APPLICABLE  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 1000 S. Semoran Blvd. 26 1000 S. Semoran Blvd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 # 704 27 # 704  
City & State City & State  
23 Winter Park, FL 28 Winter Park, FL  
Zip Country Zip Country  
24 32792 25 U.S.A. 29 32792 30 U.S.A.

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

9. Name and Address of Current Registered Agent  
TOTH, JEAN K  
~~885 A1A NORTH~~  
~~STE 105~~  
~~PONTE VEDRA BCH FL 32082~~

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 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	TOTH, JEAN K.	
STREET ADDRESS	<del>885 A1A NORTH</del>	
CITY-ST-ZIP	<del>PONTE VEDRA BCH FL</del>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROOKS, LEWIS	
STREET ADDRESS	305 HILLSIDE DR.	
CITY-ST-ZIP	SYLVESTER GA 31791	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BONNIFER, KEN	
STREET ADDRESS	1428 MAURY	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Jean K. Toth 4-20-98

CF2E037 (10/97)