

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 FEB -1 PM 12:00

DOCUMENT # **820222** (8)
1. Corporation Name
BOARD OF CHURCH EXTENSION & HOME MISSION OF THE CHURCH OF GOD

Principal Place of Business Mailing Address
1812 E. THIRD ST. P. O. BOX 2069
P.O. BOX 2069 ANDERSON IN 46018
ANDERSON IN 46018

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **02/08/1967** 3a. Date of Last Report **06/28/1994**
4. FEI Number **35-0869027** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**KUFELDT, WALTER
RT. 4, BOX 865
LEESBURG FL 32788**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBBS, J. PERRY	1.2 NAME	
STREET ADDRESS	1114 GARNET DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANDERSON IN	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROCK, WESLEY D	2.2 NAME	
STREET ADDRESS	2319 JHILLCREST AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANDERSON IN	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTRE, DAVID	3.2 NAME	MCINTIRE, DAVID
STREET ADDRESS	3321 N SHADY LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANDERSON IN	3.4 CITY-ST-ZIP	DECATUR, IN
TITLE	C	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENCY, GALE	4.2 NAME	EAGLE PRUITT
STREET ADDRESS	15670 SW 98TH AVE.	4.3 STREET ADDRESS	219 6TH ST
CITY-ST-ZIP	TIGARD OR	4.4 CITY-ST-ZIP	FINDLAY, OH
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, A. KEN	5.2 NAME	GAIL ZIMMERMAN
STREET ADDRESS	2037 E. RIVERA DR.	5.3 STREET ADDRESS	2361 TROJAN DR.
CITY-ST-ZIP	TEMPE AZ	5.4 CITY-ST-ZIP	CASPER, WY 82609
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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: David J. McIntire **DAVID J. MCINTIRE, TREAS** 1-26-95 (517) 644-2555
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #