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 JAN 20 PM 1:13

DOCUMENT # 850278 (3)

1. Corporation Name

THE CHURCH OF GOD OF THE MOUNTAIN ASSEMBLY, INC.

Principal Place of Business	Mailing Address
110 S. FLORENCE AVE P.O.BOX 157 JELLICO TN 37762	110 S. FLORENCE AVE P.O.BOX 157 JELLICO TN 37762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1981
3a. Date of Last Report: 01/25/1994
4. FEI Number: 62-6012946 ☐ 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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

WHITEHEAD, LUTHER Jr.
1753 BIDDLE STREET
PALM BAY FL 32907

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	~~PD~~	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	~~WALDEN, JASPER~~	1.2 NAME	Johnson, Cecil	
STREET ADDRESS	~~RT 1 BOX 312~~	1.3 STREET ADDRESS	Rt. 1, Box 37	
CITY-ST-ZIP	~~JELLICO TN~~	1.4 CITY-ST-ZIP	Clairfield, TN Zip = 37715	
TITLE	~~VD~~	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	~~JOHNSON, CECIL~~	2.2 NAME	Lyke, Lonnie	
STREET ADDRESS	~~RT 1 BOX 37~~	2.3 STREET ADDRESS	Rt. 1, Box 76	
CITY-ST-ZIP	~~CLAIRFIELD TN~~	2.4 CITY-ST-ZIP	Clairfield, TN Zip = 37715	
TITLE	STD	3.1 TITLE	[illegible]	☐ Change ☑ Addition
NAME	KILGORE, JAMES	3.2 NAME		
STREET ADDRESS	112 S FLORENCE AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JELLICO TN *	3.4 CITY-ST-ZIP	Zip = 37762	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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: James Kilgore / James Kilgore STD 1-13-95 (615)784-8260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074203