

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 850278 (3)**

1. Corporation Name  
**THE CHURCH OF GOD OF THE MOUNTAIN ASSEMBLY, INC.**



Principal Place of Business <b>110 S. FLORENCE AVE P.O. BOX 157 JELICO TN 37762</b>	Mailing Address <b>110 S. FLORENCE AVE P.O. BOX 157 JELICO TN 37762-0157</b>
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3. Date Incorporated or Qualified <b>09/03/1981</b>	3a. Date of Last Report <b>01/24/1996</b>
4. FEI Number <b>62-6012946</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>164 N. Florence Ave</b>	2a. Mailing Address <b>164 N. Florence Ave</b>
22. Suite, Apt. #, etc. <b>P.O. Box 157</b>	27. Suite, Apt. #, etc. <b>P.O. Box 157</b>
23. City & State <b>Jellico TN</b>	28. City & State <b>Jellico TN</b>
24. Zip <b>37762</b>	25. Country <b>USA</b>
29. Zip <b>37762</b>	30. Country <b>USA</b>

9. Name and Address of Current Registered Agent

**WHITEHEAD, LUTHER  
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
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: *Cecil Johnson* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, CECIL	
STREET ADDRESS	6180 HIGHWAY 90	
CITY-ST-ZIP	CLARIFIELD TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LYKE, LONNIE	
STREET ADDRESS	328 OLD TRACY BRANCH RD	
CITY-ST-ZIP	CLAIRFIELD TN	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KILGORE JAMES	
STREET ADDRESS	112 S FLORENCE AVENUE	
CITY-ST-ZIP	JELICO TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>STD</b>
3.3 STREET ADDRESS	<b>Newborn St. Alfred P.O. Box 84 110 N. Florence Ave Jellico, TN 37762</b>
3.4 CITY-ST-ZIP	<b>Jellico, TN 37762</b>
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 do 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: *Cecil Johnson* **REQUIRED** (413) 784-8260  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076835

CR2E037 (9/96)