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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

THE CHURCH OF GOD OF THE MOUNTAIN ASSEMBLY, INC.

FILED Jan 21 1998 8:00am Secretary of State

| Principal Place of Business | Mailing Address | | | | | | | |
|--|--|--------|--|--|----------------------------------|--|--|--|
| 164 N. FLORENCE AVE. P.O. BOX 157 JELLICO TN 37762 US | OX 157 P.O.BOX 157 | | | 3. Date incorporated or Qualified 09/03/1981 4. FEI Number 62-6012946 | Applied For Not Applicable | | | |
| 2. Principal Place of Business 21 | incipal Place of Business 2a. Mailing Address 26 | | | 5. Certificate of Status Desired | sd S8.75 Additional Fee Required | | | |
| Suite, Apt. #, etc. | ot. #, etc. Suite, Apt. #, etc. | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| City & State City & State | | | 7. Is this nonprofit corporation a homeowners association? | | | | | |
| Zip Country 25 | Zīp 29 | 30 Cou | ountry 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 | | | | 10. Name and Address of New Registered Agent | | | | |
| WHITEHEAD, LUTHER | | | 81 Name 82 Street Add | dress (P.O. Box Number is Not Acceptable) | | | | |
| 1753 BIDDLE STREET PALM BAY FL 32907 | | | | 33 | | | | |
| | | | 84 City | FL | 85 Zip Code | | | |
| | | | | poration submits this statement for the purpose of cation's board of directors. I hereby accept the appoint | | | | |

| 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 | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | |
| TITLE | PD | □ DELETE | 1,1 TITLE | | L Change | Addition | | | | |
| NAME | JOHNSON, CECIL | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 6180 HIGHWAY 90 | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | CLARIFIELD TN | | 1.4 CITY - ST - ZIP | | | | | | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | Change | □ Addition | | | | |
| NAME | Lyke, Lonnie | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | 326 OLD TRACY BRANCH RD | | 2.3 STREET ADDRESS | The state of the s | | * | | | | |
| CITY-ST-ZIP | CLAIRFIELD TN | | 2. 4 CITY-ST-ZIP | | | | | | | |
| TITLE | STD | DELETE | 3.1 TITLE | | Сһалде | Addition | | | | |
| NAME | NEWTON, ALFRED JR. | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | 170 N. FLORENCE AVE. | | 3.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | JELLICO TN | | 3.4. CITY-ST-ZIP | | | | | | | |
| TITLE | | DELETE | 4.1 TITLE | | ☐ Change | Addition | | | | |
| NAME | | | 4. 2 NAME | | | Į | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST-ZIP | | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change | Addition | | | | |
| NAME | | | 5.2 NAME | | | İ | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | | |
| CITY - ST - ZIP | | | 5.4 CITY-ST-ZIP | <u> </u> | | | | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change | Addition | | | | |
| NAME | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | | | |
| City - St - ZiP | | | 6.4 CITY-ST-ZIP | | | | | | | |

I hereby certify that the information supplied with this filling 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 gn address.