


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90045 014 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000003259**

1. Corporation Name  
**UNITED CHURCH OF GOD, AN INTERNATIONAL ASSOCIATION, INCORPORATED**

Principal Place of Business 444 E. HUNTINGTON DR SUITE 206 ARCADIA CA 91006 US	Mailing Address P.O. BOX 661780 ARCADIA CA 91066
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2. Principal Place of Business 21 5405 DuPont Circle Suite, Apt. #, etc. 22 A City & State 23 Milford, OH 45150 Zip 24 45150	2a. Mailing Address 26 P O Box 541069 Suite, Apt. #, etc. 27 City & State 28 Cincinnati, OH 45254-1069 Zip 29 45254-1069	3. Date Incorporated or Qualified 07/06/1995	4. FEI Number 95-4529758 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent RHODES, HAROLD 3878 BAY WIND DR. GULF BREEZE FL 32561	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 FL
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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 officer 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 \_\_\_\_\_ 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HULME, DAVID 904 N. 1ST AVE., #D ARCADIA CA 91006 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Leslie L McCullough 5405 DuPont Circle, Suite A Milford, OH 45150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEELIG, GERALD 2655 VISTA LAGUNA TERRACE PASADENA CA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S Gerald Seelig 5405 DuPont Circle, Suite A Milford, OH 45150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DICK, ROBERT 14428 62ND DRIVE S.E. EVERETT WA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKS, JIM 13519 PALLWOOD LANE CYPRESS TX 77429 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Kubik, Victor 3707 Turfway Court Indianapolis, IN 46228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLADAY, ROY 4223 BAY BEACH LANE #A-4 FT. MYERS BEACH FL 33931 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Holladay, Roy 802 Briarwood St Hawkins, TX 75765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEELIG, GERALD 2655 VISTA LAUGNA TERRACE PASADENA CA 91103 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	T Kirkpatrick, Thomas L 5405 DuPont Circle, Suite A Milford, OH 45150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Gerald Seelig **Gerald Seelig, Secretary** 2/3/99 (513) 576-9796  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)