

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000003259  
 1. Entity Name  
 UNITED CHURCH OF GOD, AN INTERNATIONAL ASSOCIATION, INCORPORATED



Principal Place of Business: 555 TECHNECENTER DRIVE, MILFORD, OH 45150-2755 US  
 Mailing Address: PO BOX 541069, CINCINNATI, OH 45254-1069



**DO NOT WRITE IN THIS SPACE**

01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 95-4529758 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RHODES, HAROLD  
 3878 BAY WIND DR.  
 GULF BREEZE, FL 32561

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLLADAY, ROY O
STREET ADDRESS	555 TECHNECENTER DR
CITY - ST - ZIP	MILFORD, OH 451502755
TITLE	S
NAME	SEELIG, GERALD
STREET ADDRESS	555 TECHNECENTER DR
CITY - ST - ZIP	MILFORD, OH 451502755
TITLE	D
NAME	DICK, ROBERT
STREET ADDRESS	2700 NW 142ND CIR
CITY - ST - ZIP	VANCOUVER, WA 98685
TITLE	D
NAME	KUBIK, VICTOR
STREET ADDRESS	3707 TURFWAY CT
CITY - ST - ZIP	INDANAPOLIS, IN 46228
TITLE	CD
NAME	KILOUGH, CLYDE
STREET ADDRESS	5413 PEARLSTONE DR
CITY - ST - ZIP	ANTELOPE, CA 95843
TITLE	T
NAME	KIRKPATRICK, THOMAS L
STREET ADDRESS	555 TECHNECENTER DR
CITY - ST - ZIP	MILFORD, OH 451502755

U00000195068  
 01/26/05-80014-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD SEELIG / GERALD SEELIG, SECRETARY 1/21/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

513-576-9796