## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000003259

FILED Jan 02, 2008 Secretary of State

Entity Name: UNITED CHURCH OF GOD, AN INTERNATIONAL ASSOCIATION, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 555 TECHNECENTER DRIVE MILFORD, OH 451502755 US **Current Mailing Address: New Mailing Address:** PO BOX 541069 CINCINNATTI, OH 452541069 FEI Number: 95-4529758 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RHODES, HAROLD 3878 BAY WIND DR. US GULF BREEZE, FL 32561 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KILOUGH, CLYDE Name: Name: 555 TECHNECENTER DR Address: Address: City-St-Zip: MILFORD, OH 451502755 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition SEELIG, GERALD Name: JOHNSON, DAVID M Name: Address: 555 TECHNECENTER DR Address: 555 TECHNECENTER DR City-St-Zip: MILFORD, OH 451502755 City-St-Zip: MILFORD, OH 451502755 Title: CD () Delete Title: () Change () Addition DICK, ROBERT Name: Name: 2700 NW 142ND CIR Address: Address: City-St-Zip: VANCOUVER, WA 98685 City-St-Zip: Title: () Delete Title: () Change () Addition KUBIK, VICTOR Name: Name: 3707 TURFWAY CT Address: Address: City-St-Zip: INDANAPOLIS, IN 46228 City-St-Zip: Title: () Delete Title: () Change () Addition FRANKS, JIM Name: Name: 555 TECHNECENTER DR Address: Address: City-St-Zip: MILFORD, OH 45150 City-St-Zip: Title: () Delete Title: () Change () Addition KIRKPATRICK, THOMAS L Name: Name: Address: 555 TECHNECENTER DR Address: MILFORD, OH 451502755 City-St-Zip: City-St-Zip: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119,

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. JOHNSON S 01/02/2008