## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500001134 1. Corporation Name

NORTHWEST FLORIDA JURISDICTION CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

2. Principal Place of Business

212 S N STREET PENSACOLA FL 32501 Mailing Address

212 S N STREET PENSACOLA FL 32501

2a. Mailing Address

## **FILED** Jan 21, 1999 8:00am Secretary of State 01-21-1999 90017 018 \*\*\*\*61.25



3. Date Incorporated or Qualifed

21	:	26			03/10/1995		
Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Ar	plied For
22 ,	27				NOT APPLICABLE	No	ot Applicable
City & State City & State				5. Certificate of Status Desired		\$8.75	Additional
28					5. Certificate of Status Desired	Fee Re	equired
Zip	Zip Country Zip C				6. Election Campaign Financing	\$5.00	May Be
24	25 29 30				Trust Fund Contribution	Added	lo Fees
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
			81	Name			
YOUNG, JOHN D SR				Street Addr	ress (P.O. Box Number is Not Acceptable)		
8346 SUNNY ACRE LANE				Gubbi Alag	(i.e. ben Halliot is the Hooping)		
PENSACOLA FL 32514							
, , , , , , , , , , , , , , , , , , , ,				O'h	<u> </u>	Teel 3:-	<del></del>
			84	City	FL	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							
fice or registered agent, or both, in the State of Flonda. 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.							
EMMORATION, ONCO							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating)  DATE							
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	YOUNG, JOHN D SR		1.2 NAME				
STREET ADDRESS	ADDRESS 8346 SUNNY ACRE LANE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32514	1.4		r-zip			
TITLE	SD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	SMITH, FREDERICK		2.2 NAME				ĺ
STREET ADDRESS	1343 RULE STREET		2.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32534		2. 4 CITY-S	T-7IP			}
TITLE	VD	☐ DELETE	3.1 TITLE			Change	Addition
NAME	VALLACE, ODEST SR 32		3.2 NAME				
STREET ADDRESS	5351 CASSIE LANE		3.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP	MILTON FL 32583		3.4. CITY-S	T. 7IP			
TILE	TD	☐ DELETE	4.1 TITLE	· <del>-</del> -		Change	☐ Addition
NAME .	BRAGG, WILLIE J		4. 2 NAME				_
STREET ADDRESS	2080 W. INTENDENCIA ST	j	4.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32501		4.4 CITY-ST				j
TITLE	D	☐ DELETE	5.1 TITLE			Change	Addition
NAME	STALLWORTH, STELLA		5.2 NAME			- •	_
STREET ADDRESS	4250 PLEASANT DR		5.3 STREET	ADDRESS	•		
CITY-ST-ZIP	PENSACOLA FL 32308		5.4 CITY- ST				
TITLE	, Littly, to OBT   L OLOGO	☐ DELETE	6.1 TITLE			Change	Addition
NAME		<u> </u>	6.2 NAME			_ •	
STREET ADDRESS	<b>.</b> ** **	į	6.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	7.		6.4 CITY-ST				
O111-01-4P							

14.31 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 attachagent with an address, with all other like empowered.

SIGNATURE

CR2E037 (11/98)