2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 11, 2005 8:00 am
Secretary of State
04-15-2005 90068 038 ****70.00

DOCUMENT # N95000001134

1. Entity Name
NORTHWEST FLORIDA JURISDICTION CHURCH OF GOD IN CHRIST, INC.

660165?1

Principal Place of Business	Mailing Address
212 S N STREET PENSACOLA, FL 32501	PO BOX 17003 PENSACOLA, FL 32522

03022005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
6551 N. Palafox St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, Florida	City & State
Zip: 32506 Country: Escambia	Zip Country

4. FEI Number: 59-3301372 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YOUNG, JOHN D SR 8346 SUNNY ACRE LANE PENSACOLA, FL 32514	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: John D Young Sr 4/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YOUNG, JOHN D SR 8346 SUNNY ACRE LANE PENSACOLA, FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BANKS, GENE 6700 FIELDS LN PENSACOLA, FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRAGG, WILLIE J 2608 CARVER STREET MOBILE, AL 36617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, CHARLES 9060 ASHVILLE DR PENSACOLA, FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD POWERS, DETRIZ E 19 KEYS COURT PENSACOLA, FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bowers. Detriz E. 503 Quigley Road Pensacola, Florida 32506	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: John D Young Sr 4/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66016571
#49500001134

ATTACHMENT

March 15, 19

Application for Employer Identification Number

Form **SS-4** (Rev. December 1993)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 59-3301372

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
NORTHWEST FLORIDA JURISDICTION-CHURCH OF GOD IN CHRIST (COGIC), INC.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name
John D. Young, Sr.

4a Mailing address (street address) (room, apt., or suite no.)
212 South "N" Street

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
Pensacola, Florida 32501

5b City, state, and ZIP code

6 County and state where principal business is located
Escambia Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ►
John D. Young, Sr. 420-46-5085

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN) ___
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ___
- ☐ Other (specify) ►
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator-SSN ___
- ☐ Other corporation (specify) ___
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperativ
- ☒ Church or church controlled organizatio

(enter GEN if applicable) ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated ► | State: FLORIDA | Foreign country:

9 Reason for applying (Check only one box.)

- ☐ Started new business (specify) ► ___
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ► ___
- ☐ Banking purpose (specify) ► ___
- ☐ Changed type of organization (specify) ► ___
- ☐ Purchased going business
- ☐ Created a trust (specify) ► ___
- ☒ Other (specify) ► Religious Organization

10 Date business started or acquired (Mo., day, year) (See instructions.)
January 3, 1995

11 Enter closing month of accounting year. (See instructions.)
December 31, 199

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ►

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ►	Nonagricultural	Agricultural	Household

14 Principal activity (See instructions.) ► Religious Organization - Church

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☐ N/A
☐ Public (retail) ☐ Other (specify) ►

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ► Trade name ►

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► JOHN D. YOUNG, SR.

Business telephone number (include area code)
(904) 438-7321

Signature ► Date ►

Note: *Do not write below this line. For official use only.*

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying