## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## May 19, 2006 8:00 am Secretary of State **DOCUMENT # N95000001134** 05-19-2006 90031 009 \*\*\*\*70.00 NORTHWEST FLORIDA JURISDICTION CHURCH OF GOD IN CHRIST, INC. Principal Place of Business Mailing Address 6551 N. PALAFOX ST PO BOX 17003 50019692 PENSACOLA, FL 32506-32503 PENSACOLA, FL 32522 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 05152006 Chg-NP CR2E037 (4/06) Applied For 4. FEI Number 59-3301372 City & State City & State Not Applicable \$8.75 Additional Zip Country Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, JOHN D SR Street Address (P.O. Box Number is Not Acceptable) 8346 SUNNY ACRE LANE PENSACOLA, FL 32514 Zip Code City 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 4 (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May 8e Filing Fee is \$61.25 Florida Department of State Due by September 6, 2006 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition NILE Delete TITLE ☐ Change YOUNG, JOHN D SR MAME NAME 8346 SUNNY ACRE LANE STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32514 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Qelete TITLE BANKS, GENE NAME NAME 6700 FIELDS LN STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32505 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE BRAGG, WILLIE J NAME STREET ADDRESS STREET ADDRESS 2608 CARVER STREET CITY-S1-7IP **MOBILE, AL 36617** CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE YOUNG, CHARLES NAME NAME STREET ADDRESS 9060 ASHVILLE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32514 Change Change ■ Addition Delete TITLE POWERS DETRIZ E NAME NAME STREET ADDRESS 19 KEYS COURT STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

PENSACOLA, FL 32505

PENSACOLA, FL 32506

BOWERS, DETRIZ E

**503 QUIGLEY RD** 

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

/*ð*~

🔀 Delete

☐ Change

☐ Addition

**FILED**