FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N07534

(3)

THE MISSIONARY DIRECTIONAL MISSION CHURCH OF GOD, INC.

Principal Place of Business 1235 SO MYRTTE AVE CLEARWATER FL 34619 Mailing Address

1125 GRANTWOOD AVE CLEARWATER FL 34619



US		US			
		00		3. Date Incorporated or Qualified 01/22/1985	3a. Date of Lest Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address	,	4. FEI Number	Applied For
21 3800	ARNOID DE	26 1125 Grav	twood ave	59-2490339	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			S8.75 Additional
22 Ft.	nyers 7/n.	27 Clenewah	- Alapida	5. Certificate of Status Desired	Fee Required
City & State		Orty & State		6. Election Campaign Financing	55.00 May Be
23 339	16 Lee	28 7/1		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25		30 PINCLIAS	Florida Statutes	
	9. Name and Address of Current		J. T. T. CHING	10. Name and Address of New Re	
81 Name					
CUNNINGHAM, CORNELL 82 Street Address					
				ess (P.O. Box Number is Not Acceptable	1)
1125 GRANTWOOD AVE					· · · · · · · · · · · · · · · · · · ·
CLEARWATER FL 33519					
			84 City	······································	85 Zip Code
					FL S E S S S S S S S S
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 office					
or registered agent, or both, in the State of Florida. 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.					
Į.			Correll C	• <u>f</u>	4/2./01
SIGNATURE .	CUNNINGHAM CORN Signature, typed or printed name of refustered agent a	and little if applicable (NOTE	Registered Agent signature required	I when religistating)	7/ 3°/ 96
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	CUNNINGHAM, CORNELL		1.2 NAME		
STREET ADDRESS	1125 GRANTWOOD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	VO	DELETE	21 TITLE		Change Addition
l '	CUNNINGHAM, ELIZABETH	Dettit			Commige Control
NAME	1125 GRANTWOOD AVE		2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	ETING, TITE	2 4 CITY - ST - ZIP		
TITLE (SD	DELETE	31 TIPLE 🚾		Change Addition
NAME	WILSON KATHY		3.2 NAME		
STREET ADDRESS	2357 SOUTH ST.		3 3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP		
TETLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP			4.4 CITY - ST - ZIP		
TITLE	"	DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 TITLE	20000187	'⊟ 1 🖪 🕮nge 🔲 Addition
NAME		hand or need to	6 2 NAME	-06/27/960104	OIGEN DAME
· ·					15631
STREET ADDRESS			6 3 STREET ADDRESS	***61.25	
CITY-ST-ZIP		Cate access and a second access at the second	6 4 CITY - ST - ZIP	and the second s	2001 5 11 0 11
14. I do hereb	by certify that the information supplied w	vitn this filing is voluntarily furnis	ned and does not qualify for	or the exemption stated in Section 119.0	/(૩)(k), Florida Statutes. Liurther

I. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attact priently with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Coenell Cunninghon Dayon

941 939 2246 Dayting Phone 1 7 / 96

.HZE037 (12/95)