

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712121** (3)

1. Corporation Name

REFORMATION CHURCH OF GOD, INC.



Principal Place of Business	Mailing Address
705 N.W. 15TH AVE. FT. LAUDERDALE FL 33311-7930	705 N.W. 15TH AVE. FT. LAUDERDALE FL 33311-7930

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1967		3a. Date of Last Report 04/17/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0053114		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRESHAM, WILLIAM H. 2020 W. 30TH AVENUE FT. LAUDERDALE FL 33311				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 10001 W. Atlantic Blvd.			
				84 Apt. # 121 City Coral Springs FL 85 Zip Code 33071			

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.

SIGNATURE *Elbert Williams - Pastor* *Elbert Williams - Pastor* 4/2/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Pastor PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRESHAM, WILLIAM H.			1.2 NAME	Elbert Williams, Sr. <i>Elbert Williams</i>		
STREET ADDRESS	2020 N.W. 30TH AVE.			1.3 STREET ADDRESS	10001 W. Atlantic Blvd. Apt. 121		
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP	Coral Springs, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VO	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	ARTIS, ANDRE			2.2 NAME			
STREET ADDRESS	11315 NW 43 PL			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	Matthe Jackson SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, MATTIE			3.2 NAME			
STREET ADDRESS	1750 NW 27TH AVE			3.3 STREET ADDRESS	2821 N.W. 26th Ave.		
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP	OAKLAND PK, FL 33311		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, THEODORE			4.2 NAME			
STREET ADDRESS	4701 N.W. 20TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 attachment with an address.

SIGNATURE *Matthe Jackson* *Matthe Jackson* 4/2/1997

CR2E0379/96