FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:12

DOCUMENT # 718171 (2)

1. Corporation Name

DAVIS TEMPLE CHURCH OF GOD IN CHRIST OF GIFFORD, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 2772 VERO BEACH FL 32961-2772	POST OFFICE BOX 2772 VERO BEACH FL 32961-2772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1970
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2350139 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WOODS, ROBERT
4685 56TH AVENUE
VERO BEACH FL 32967

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	V	1.1 TITLE	☐ Change ☐ Addition
NAME	BELL, DESSIE, SR.	1.2 NAME	
STREET ADDRESS	4876 29TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	WOODS, ROBERT	2.2 NAME	
STREET ADDRESS	4685 56TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, NOBIE L.	3.2 NAME	
STREET ADDRESS	4575-28TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☑ Change ☐ Addition
NAME	HUMES, KAYLA	4.2 NAME	
STREET ADDRESS	1855 40TH AVENUE, APT. #2	4.3 STREET ADDRESS	SECRETARY
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	STALEY/ELDORA 1000 MARIPOSA DR. PALM BAY, FL 32905
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ALFONSO	5.2 NAME	
STREET ADDRESS	1855 40TH AVE., APT. #2	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOHNNIE F.	6.2 NAME	
STREET ADDRESS	743-4TH AVE. S.W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	

14. 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)(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: Robert Woods Robert Woods 1-29-95 407 569-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036702