

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720715 (2)

1. Corporation Name  
CHURCH OF GOD-MISSION, INC.

Principal Place of Business  
4800 MONCURE RD. W  
JACKSONVILLE FL 32209

Mailing Address  
4926 RHODE ISLAND DR. N.  
JACKSONVILLE FL 32209



2. Principal Place of Business 21 4622 MONCURE RD W Suite, Apt. #, etc. 22 City & State 23 Jacksonville Zip 24 32209 Country 25 Puerto Rico		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Florida Zip 29 32209 Country 30 Puerto Rico		3. Date Incorporated or Qualified 04/14/1971		3a. Date of Last Report 09/05/1995	
				4. FEI Number 59-2974915		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent WATTS, JOSEPH B. 4926 RHODE ISLAND DRIVE, NORTH JACKSONVILLE FL				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WATTS, JOSEPH B 4926 RHODE ISLAND DR. N JACKSONVILLE FL 32209	1.1 TITLE	D-P Joseph B. Watts 4926 Rhode Island Dr. N. Jacksonville, FL 32209
NAME	VP HOWARD, RONALD 3810 SPRINGFIELD BLVD JACKSONVILLE FL 32206	1.2 NAME	VP-T Ronald Howard 3810 Springfield Blvd. Jacksonville, FL 32206
STREET ADDRESS	T TUTSON, WILLIE L 3103 W 45TH STREET JACKSONVILLE FL 32209	1.3 STREET ADDRESS	T-T Willie L. Tutson 3103 W. 45TH Street Jacksonville, FL 32209
CITY-ST-ZIP	S JONES, DONNA J 9160 ALTAMONTE CIRCLE JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE REQUIRED Joseph B. Watts July 14, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)