SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). Sep 08 1997 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # CHURCH OF GOD-MISSION, INC. Principal Place of Business Malling Address 4622 MONGRIEF RD. 4622 MONCRIEF RD. JACKSONVILLE FL 32209 JACKSONVILLE FL 32209 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 04/14/1971 08/05/1996 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country This corporation owes or has paid the current year Intangible ż Yes Personal Property Tax due June 30. 24 29 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name WATTS, JOSEPH B. 82 Street Address (P.O. Box Number is Not Acceptable) 4928 RHODE ISLAND DRIVE, NORTH 63 JACKSONVILLE FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ■ Addition DELETE Change TITLE 1.1 TITLE WATTS, JOSEPH B NAME 1.2 NAME 4926 RHODE ISLAND DR. N 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change noitibtA ... TITLE 2.1 TITLE HOWARD, RONALD NAME 2.2 NAME **3810 SPRINGFIELD BLVD** 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32206 2. 4 CITY-ST-ZIP CITY-ST-2IP ☐ DELETE Change Addition TITLE 3.1 TITLE TUTSON, WILLIE L NAME 3.2 NAME **3103 W 45TH STREET** STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME JONES, DONNA J 4 2 NAME 9160 ALTAMONTE CIRCLE STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME

6.4 CITY-ST-ZIP 14, 1 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

MENTROPIN

5.3 STREET ADDRESS

Change

Addition

5.4 City - St - ZiP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

■ DELETE