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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **723660** **(7)**

1. Corporation Name

**COLLEGE PARK CHURCH OF GOD, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3140 SW 26TH STREET<br>OCALA FL 34474<br>US | 3140 SW 26TH STREET<br>OCALA FL 34474-3323<br>US |

3. Date Incorporated or Qualified: **06/13/1972**
3a. Date of Last Report: **01/31/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-1674891** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

HOGAN BRIAN
848 SE 23 STREET
OCALA FL 34471

**10. Name and Address of New Registered Agent**

81 Name: David Coble
82 Street Address (P.O. Box Number is Not Acceptable): 5704 S.W. 108 Street
83
84 City: Ocala **FL** 85 Zip Code: 34476

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 X David A Coble Sr
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 | PD | ☒ DELETE | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | RHODES, TOM | | 1.2 NAME | Coble, David | |
| STREET ADDRESS | 950 NE 41ST AVE. | | 1.3 STREET ADDRESS | 5704 S.W. 108 St. | |
| CITY-ST-ZIP | OCALA FL | | 1.4 CITY-ST-ZIP | Ocala Fl 34476 | |
| TITLE | VT | ☒ DELETE | 2.1 TITLE | VT | ☒ Change ☐ Addition |
| NAME | CHERRY, RICK | | 2.2 NAME | Sorrels, Toby | |
| STREET ADDRESS | 120 NE 50TH AVE. | | 2.3 STREET ADDRESS | 5026 S.E. 37 Ave. | |
| CITY-ST-ZIP | OCALA FL | | 2.4 CITY-ST-ZIP | Ocala FL 34480 | |
| TITLE | T | ☒ DELETE | 3.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | TAYLOR, MEL | | 3.2 NAME | Saint, Steve | |
| STREET ADDRESS | 3442 SW 19TH PL | | 3.3 STREET ADDRESS | 3708 S.E. 4 St. | |
| CITY-ST-ZIP | OCALA FL | | 3.4 CITY-ST-ZIP | Ocala FL 34471 | |
| TITLE | ST | ☒ DELETE | 4.1 TITLE | ST | ☒ Change ☐ Addition |
| NAME | BROWN, LAURA | | 4.2 NAME | Myhre, Lew | |
| STREET ADDRESS | 11465 SE 74 TERR. | | 4.3 STREET ADDRESS | 11772 N.W. Hwy 225A | |
| CITY-ST-ZIP | BELLEVIEW FL | | 4.4 CITY-ST-ZIP | Reddick Fl 32686 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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:** David A Coble Sr David A Coble Sr 1/8/97 (352)854-3867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR