


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723660** (7)

1. Corporation Name

COLLEGE PARK CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

3140 SW 26TH STREET
OCALA FL 34474
US

3140 SW 26TH STREET
OCALA FL 34474
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/13/1972
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1674891
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	30	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBLE, DAVID
5704 SW 108 STREET
OCALA FL 34476

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBLE, DAVID	1.2 NAME	KINZER, DENNIS
STREET ADDRESS	5704 SW 108 ST.	1.3 STREET ADDRESS	5450 SE 43 CT
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL 34480
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	VT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORRELS, TOBY	2.2 NAME	FOSTER, RUSS
STREET ADDRESS	5026 SE 37 AVE.	2.3 STREET ADDRESS	6000 SW 57 AV
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FL 34474
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINT, STEVE	3.2 NAME	SIYUFY, FRED
STREET ADDRESS	3708 SE 4 ST.	3.3 STREET ADDRESS	4700 SE 40 CT
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA, FL 34480
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYHRE, LEW	4.2 NAME	WOLFORD, ELMER
STREET ADDRESS	11772 NW HWY 225A	4.3 STREET ADDRESS	205 SE 32 AV
CITY-ST-ZIP	REDDICK FL	4.4 CITY-ST-ZIP	OCALA, FL 34471
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 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:

Dennis Kinzer Dennis Kinzer

1-13-98

352-732-3514

CR2E037 (10/97)