FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 723660

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				
Principal Place of Business 1	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- 107			

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Feb 26, 1999 8:00 am
Secretary of State
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OCALA FL 344 US	174	OCALA FL 34474 US		1 2002 1000 1200 1	
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 06/13/1972	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1674891	Not Applicable
City & Stat	e	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30)	Trust Fund Contribution	Added to Fees
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Regist	ered Agent
COBLE, D 5704 SW OCALA FI	108 STREET		82 Street Add	. James W. Bradley dress (P.O. Box Number is Not Acceptable) 74 S.W. 88 Place	
		1047 4500 FL 11 Change		ala	FL 85 Zip Code 34476
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both, in the Standardillar with, and accept the ob	ate of Florida. Such change was auth ligations of Section 617-9503, Florida An Allu aster	norized by the corpora a Statutes.	rporation submits this statement for the purportion's board of directors. I hereby accept the	appointment as registered
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD	Change
NAME	KINZER, DENNIS		1.2 NAME	KINZER, DENNIS	
STREET ADDRESS	5440 SE 43 CT		1.3 STREET ADDRESS	5450 SE 43 CT	
CITY-ST-ZIP	OCALA FL 34480		1.4 CITY-ST-ZIP	OCALA FL 34480	
TITLE	VT	☐ DELETE	2.1 TITLE		Change Addition
NAME	FOSTER, RUSS		2.2 NAME		
STREET ADDRESS	6000 SE 57 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		2. 4 CITY-ST-ZIP	·	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIYUFY, FRED		3.2 NAME		
STREET ADDRESS	l		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34480		3.4. CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		Change Addition

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 or an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY- ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

WOLFORD, ELMER

205 SE 32 AVE

OCALA FL 34471

☐ DELETE

☐ DELETE

Daytime Phone #

Change

Change

☐ Addition

☐ Addition