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Feb 18, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-18-1999 90005 050 *****70.00

DOCUMENT # 724235

1. Corporation Name

CHURCH OF GOD IN CHRIST OF AMERICA JURISDICTION OF FLORIDA, INC.

Principal Place of Business

3120 N.W. 48TH TERR
MIAMI FL 33142
US

Mailing Address

27 PALM CIRCLE
AVON PARK FL 33825



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/29/1972

4. FEI Number

74-8106975

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

COHEN, JACOB BISHOP
3120 NW 48TH TERRACE
MIAMI FL 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

JACOB COHEN

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME COHEN, JACOB BISHOP
STREET ADDRESS 3120 N.W. 48TH TERR.
CITY-ST-ZIP MIAMI FL 33142

TITLE VD DELETE

NAME BLACK, CLARENCE SUPT.
STREET ADDRESS 1320 CAROLINA AVE.
CITY-ST-ZIP AVON PARK FL 33825

TITLE DV DELETE

NAME BROWN, CLARENCE
STREET ADDRESS 560 S.W. 3RD STREET
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE SD DELETE

NAME HULEN, JAMES L
STREET ADDRESS 25 PALM CIRCLE
CITY-ST-ZIP AVON PARK FL 33825

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *[Signature]*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JACOB COHEN

Date Daytime Phone #

CR2E037 (11/98)