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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **725292** **(7)**

1. Corporation Name

THE GENERAL ASSEMBLY OF THE CHURCH OF GOD FOR TH E STATE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
501 BURNS AVE P O BOX 3670 LAKE WALES FL 33859-0670	501 BURNS AVE P O BOX 3670 LAKE WALES FL 33859-0670

3. Date Incorporated or Qualified: 01/17/1973
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-1675074 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DONALD PICKETT
501 BURNS AVE
1120 VONCILE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Donald D. Pickett
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	V	11 TITLE	P - D	☒ Change ☐ Addition
NAME	ROBINSON, KARRY	12 NAME	ROBINSON, KERRY	
STREET ADDRESS	2952 FOXCROFT LN.	13 STREET ADDRESS	2952 FOXCROFT LN.	
CITY-ST-ZIP	SOUTH DAYTONA FL	14 CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	P	21 TITLE	D	☐ Change ☒ Addition
NAME	NEAL, TERRY L	22 NAME	TARR, CHARLES	
STREET ADDRESS	12005 N 195TH RD	23 STREET ADDRESS	2110 N HERCULES AVE	
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP	CLEARWATER, FL	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	JERRILS, WILLIAM	32 NAME		
STREET ADDRESS	2871 NE 23RD ST.	33 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	V-D	☒ Change ☐ Addition
NAME	NELSON, EDWARD	42 NAME	NELSON, EDWARD	
STREET ADDRESS	430 A.B.C. RD	43 STREET ADDRESS	430 ABC RD	
CITY-ST-ZIP	LK WALES FL	44 CITY-ST-ZIP	LAKE WALES, FL	
TITLE	S	51 TITLE	D	☐ Change ☒ Addition
NAME	KRUITHOFF, R W	52 NAME	DONALD PICKETT	
STREET ADDRESS	13102 N. OLA AVE.	53 STREET ADDRESS	1120 VONCILE	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	LAKE WALES, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

gdb 4-25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Donald D. Pickett — 813-678-1298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058144