FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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: 04/25/1995

2. Principal Place of Business
21: 211 PRESIDENTS DR.
22 Suite, Apt. #, etc: P.O BOX 3670
23 City & State: LAKE WALES, FL
24 Zip: 33859 25 Country: USA

2a. Mailing Address
26: 211 PRESIDENTS DR.
27 Suite, Apt. #, etc: P.O. BOX 3670
28 City & State: LAKE WALES, FL
29 Zip: 33859 FL 30 Country: USA

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

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

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: JOHN E. BOEDEKER
82 Street Address (P.O. Box Number is Not Acceptable): 115 LAKE FLORENCE DR. N.
83
84 City: WINTER HAVEN FL 85 Zip Code: 33884

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: John E Boedeker JOHN E. BOEDEKER, EXECUTIVE SEC 1/22/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBINSON, KERRY 2952 FOXCROFT LN. SOUTH DAYTONA FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D KRUITOFF, RON P.O. BOX 82183 TAMPA, FL 33682	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TARR, CHARLES 2110 N. HERCULES AVE. CLEARWATER FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PD TARR, CHARLES 2110 N. HERCULES AVE CLEARWATER, FL 34623	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JERRILS, WILLIAM 2871 NE 23RD ST. POMPANO BEACH FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NELSON, EDWARD 430 A.B.C. RD LAKE WALES FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D SEMPSPROTT, GREG 10120 DOGWOOD AVE PALM BEACH GARDENS, FL 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PICKETT, DONALD 1120 VONCILE LAKE WALES FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D BOEDEKER, JOHN 115 LAKE FLORENCE DR N. WINTER HAVEN, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: John E Boedeker 1/22/96 941 638 1134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #