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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **726729** **(7)**

1. Corporation Name

CHURCH OF GOD (SEVENTH DAY) OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
ATTN: STEVEN L. KYNER 27 S. 5TH STREET HAINES CITY FL 33844 US	ATTN: STEVEN L. KYNER 27 S. 5TH STREET HAINES CITY FL 33844 US

3. Date Incorporated or Qualified: 06/18/1973

4. FEI Number: 59-1481495 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BRANN, BRUCE M.
9525 SR 535
ORLANDO FL 32836

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STROUPE MACON		1.2 NAME		
STREET ADDRESS	1604 ROBINSON DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HINTON, DIANA		2.2 NAME		
STREET ADDRESS	9015 EAGLE LAKE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCDOWELL, ROSE D.		3.2 NAME		
STREET ADDRESS	1315 MOSS ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		3.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	4.1 TITLE	VD	☑ Change ☐ Addition
NAME	RUSSELL, GEORGE		4.2 NAME	Juanita Demchak	
STREET ADDRESS	1229 COMMODORE DR		4.3 STREET ADDRESS	4427 Ginny Dr	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		4.4 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STROUPE, NILA G.		5.2 NAME		
STREET ADDRESS	1604 ROBINSON DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Mason Stroupe Mason Stroupe 4-11-98 941-422-8661