

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 731019 (6)
1. Corporation Name
THE GREATER JACKSONVILLE CHURCH OF GOD, INC.



Principal Place of Business: 4510 SOUTEL DRIVE JACKSONVILLE FLORIDA 32208
Mailing Address: 4510 SOUTEL DRIVE JACKSONVILLE FLORIDA 32208

3. Date Incorporated or Qualified: 11/01/1974
3a. Date of Last Report: 07/20/1995
4. FEI Number: 51-0188273
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**WELLS, MICHAEL T.
4510 SOUTEL DRIVE
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD	DELETED <input type="checkbox"/>
NAME: WELLS, MICHAEL	
STREET ADDRESS: 12564 BISCAYNE LAKE DRIVE	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: VD	DELETED <input type="checkbox"/>
NAME: WILLIAMS, W. JAY	
STREET ADDRESS: 2534 BURGOWNE DRIVE	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: SD	DELETED <input type="checkbox"/>
NAME: LASTER, EDDIE	
STREET ADDRESS: 11766 E. KINGFISHER LN	
CITY-ST-ZIP: JACKSONVILLE, FL 00000	
TITLE: [Blank]	DELETED <input type="checkbox"/>
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	DELETED <input type="checkbox"/>
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	DELETED <input type="checkbox"/>
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Michael T. Wells* Michael T. Wells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6/14/96 (904)764-4561
Date Daytime Phone #

CR2E037 (3/96)