FILE NOW: FILING FEE IS $61.25

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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 731333 (1)

1. Corporation Name
COMMUNITY CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
C/O JOHNNIE JONES 200 N. BRIGIDER PENSACOLA FLORIDA 32507-2018	C/O JOHNNIE JONES 200 N. BRIGIDER PENSACOLA FLORIDA 32507

3. Date Incorporated or Qualified: 12/06/1974
3a. Date of Last Report: 03/21/1996

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

4. FEI Number: 59-6569532 ☐ 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	10. Name and Address of New Registered Agent
JONES, JOHNNIE 200 N. BRIGIDER PENSACOLA FLORIDA	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	JONES, JOHNNIE		1.2 NAME		
STREET ADDRESS	200 N. BRIGIDER		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, JOHN L		2.2 NAME		
STREET ADDRESS	10705 SAWARA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, GERTRUDE		3.2 NAME		
STREET ADDRESS	200 N. BRIGIDER		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JONES, RUTHIE		4.2 NAME		
STREET ADDRESS	10705 SAWARA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL.		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUPREE, MARIE S.		5.2 NAME		
STREET ADDRESS	1313 N. 7TH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL.		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JONES, SYLVESTER		6.2 NAME		
STREET ADDRESS	6345 ANTIETAM DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL.		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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. Minister