SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 15 1998 8:00am
Secretary of State

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 32507-2018
Johnnie Jones Pwy. 3700 Blue Angle Pensacola, Fla 32506	Johnnie Jones 652 Seapine Cr. Pensacola, Fla
3700 Blue Angel Parkway	652 Seapine Circle

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pensacola Fla	City & State 28 Pensacola, Fla
Zip 24 32506 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified 12/06/1974

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

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	10. Name and Address of New Registered Agent
JONES, JOHNNIE 200 N. BRIGIDER PENSACOLA FLORIDA Jones, Johnnie 652 Seapine Circle Pensacola, Fla	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	Jones Johnnie	1.2 NAME	
STREET ADDRESS	200 N. BRIGIDER	652 Seapine Circle	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	Pensacola, Fla	1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JOHN L	Jones, John L.	2.2 NAME	
STREET ADDRESS	10705 SAWARA DR	1845 SouthBay Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	Pensacola, Fla	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	Jones, Ruthie	4.2 NAME	
STREET ADDRESS	10705 SAWARA DR	1845 South Bay Dr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL.	Pensacola, Fla	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 (5/98)

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: Johnnie Jones Jr. 7/6/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #